Gold Dialysis & Kidney (HMO-POS C-SNP) offered by Gold Kidney Health Plan of Arizona

Annual Notice of Change for 2026

You're enrolled as a member of Gold Dialysis (HMO-POS C-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Gold Dialysis & Kidney (HMO-POS C-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- **Note** this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.goldkidney.com or call Member Services at 1-844-294-6535 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in additional languages, including Spanish.
- Call Member Services at 1-844-294-6535 (TTY users call 711) for more information. Hours are:
  - October 1 – March 31: Live Customer Service Representatives (CSRs) are available seven days a week, from 8:00 a.m. to 8:00 p.m. local time
  - September 30: Live CSRs are available Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time and Interactive voice response system or similar technologies for Saturdays, Sundays and Federal Holidays.
  - Messages must be returned within one (1) business day.
  - This call is free.
- This information is available in braille, large print, audio, or other formats.

About Gold Dialysis & Kidney (HMO-POS C-SNP)

- Gold Kidney Health Plan, Inc., is an HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means Gold Kidney Health Plan of Arizona. When it says "plan" or "our plan," it means Gold Dialysis & Kidney (HMO-POS C-SNP).
- On January 1, 2026, Gold Kidney Health Plan of Arizona will be combining Gold Dialysis (HMO-POS C-SNP) with one of our plans, Gold Dialysis & Kidney (HMO-POS C-SNP). This material tells you about the differences between your current benefits in Gold Dialysis (HMO-POS C-SNP) and the benefits you'll have on January 1, 2026 as a member of Gold Dialysis & Kidney (HMO-POS C-SNP).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Gold Dialysis & Kidney (HMO-POS C-SNP). Starting January 1, 2026, you'll get your medical and drug coverage through Gold Dialysis & Kidney (HMO-POS C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: August 31, 2026)

Table of Contents

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$2,900	$2,900
Primary care office visits	$0 copay per visit	$0 copay per visit
Specialist office visits	$0 copay for nephrologists, cardiologists, endocrinologists, cardiovascular and vascular surgeons and $15 copay for all other specialists per visit	$0 copay for nephrologists, cardiologists, and endocrinologists $15 copay for all other specialists per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	$175 copay per day for days 1-5; $0 copay per day for days 6-90	$175 copay per day for days 1-5; $0 copay per day for days 6-90
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0	$0 except for covered insulin products and most adult Part D vaccines.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $5 Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: 33% • Drug Tier 6: $0 Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs	Copayment during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $5 • Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: 33% • Drug Tier 6: $0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$2,900	$2,900 There is no change for the upcoming benefit year. Once you've paid $2,900 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

There are no changes to our network of providers for next year.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-844-294-6535 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2. .2 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are no changes to our network of pharmacies for next year.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-844-294-6535 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance Services	**Out-of-Network** $200 copay for each one-way Medicare-covered ground ambulance service.	**Out-of-Network** 20% coinsurance for each one-way Medicare-covered ground ambulance service.
Cardiac Rehabilitation Services	**Out-of-Network** $0 copay for each Medicare-covered cardiac rehabilitation services visit. $0 copay for each Medicare-covered intensive cardiac rehabilitation services visit. No prior authorization required for Medicare-covered cardiac rehabilitation & intensive cardiac rehabilitation services.	**Out-of-Network** 20% coinsurance for each Medicare-covered cardiac rehabilitation services visit. 20% coinsurance for each Medicare-covered intensive cardiac rehabilitation services visit. Prior authorization may be required for Medicare-covered cardiac rehabilitation & intensive cardiac rehabilitation services.
Dental Services	**In-Network** $0 copay for each Medicare-covered visit. $500 maximum plan coverage amount every quarter for all preventive and comprehensive dental services. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period. You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.	**In-Network** $15 copay for each Medicare-covered visit. $5,000 allowance per year for preventive and comprehensive dental services combined. Services must be received from providers within the vendor's network You are responsible for all costs exceeding the combined benefit amount. Prior authorization may be required for comprehensive dental services.

	2025 (this year)	2026 (next year)
		$0 copay for each preventive dental exam (4 oral exams every year). $0 copay for each cleaning (2 cleanings every year). $0 copay for each fluoride treatment (2 fluoride treatments every year). $0 copay for X-rays (3 X-rays every year). $0 copay for other preventive dental services (2 visits every year for other preventive dental services). $0 copay for each restorative services visit (4 visits every year). $0 copay for each endodontics services visit (2 visits every year). $0 copay for each periodontics services visit (2 visits every year). 50% coinsurance for each removable prosthodontics services visit (1 visit; 1 upper, 1 lower denture per 5 years). Fixed prosthodontics services are not covered. $0 copay for each oral and maxillofacial surgery services visit (3 visits every year). $0 copay for each adjunctive general services visit (5 visits every year).

	2025 (this year)	2026 (next year)
		Out-of-Network 20% coinsurance for each Medicare-covered visit. Supplemental dental benefits are not covered out-of-network.
Diabetes Self-Management Training, Diabetic Services and Supplies	**Out-of-Network** $0 copay for Medicare-covered diabetes self-management training services. $0 copay for Medicare-covered diabetic monitoring supplies. $0 copay for Medicare-covered diabetic therapeutic shoes and inserts.	**Out-of-Network** 20% coinsurance for Medicare-covered diabetes self-management training services. 20% coinsurance for Medicare-covered diabetic monitoring supplies. 20% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.
Enhanced Disease Management (EDM)	Enhanced disease management benefit is not covered.	$0 copay for cognitive assessment, treatment, and care management for members experiencing dementia or conditions that impact memory.
Fitness Benefit	$25 maximum plan coverage amount every month for the fitness benefit. This allowance is a combined amount for all services offered in the Gold Perks Plus combined benefit. Unused allowance does not carry forward to the next month.	Gym membership included for participating facilities within plan provider network. Members may also select one (1) home fitness kit per benefit year at no cost. Kit choices include Strength (Resistance Tubing), Toning (Pilates Ball), Yoga (Yoga Mat), Self-Care (Foam Roller), or Walking (Pedometer) options. Home Fitness Kits are subject to change and based on availability subject to tariffs, trade practices, and other factors.

	2025 (this year)	2026 (next year)
Health and Wellness Education Programs	$0 copay for health and wellness education program services.	Health and wellness education program services are not covered.
Hearing Services	**In-Network**	**In-Network**
	$0 copay for each Medicare-covered hearing exam.	$15 copay for each Medicare-covered hearing exam.
Supplemental Hearing Aids	$500 maximum plan coverage amount every quarter for all routine hearing exams and prescription hearing aids. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period. You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.	$0 copay for Tier 1 $195 copay for Tier 2 $495 copay for Tier 3 $795 copay for Tier 4 $1,095 copay for Tier 5 $1,495 copay for Tier 6 Actual cost-share will depend on hearing aid selected. Services must be received from providers within the vendor's network Includes 3-year extended warranty and 160 batteries per aid for non-rechargeable models.
Help with Certain Chronic Conditions Benefits available for eligible End-Stage Renal Disease (ESRD) members on dialysis or seeking transplant. See *Evidence of Coverage* for limits and prior authorization requirements.	Benefits for certain chronic conditions are not covered.	**In-Home Support Services** 60-hour In-Home Support services per year. Services include home care tasks, transportation, light housekeeping, and support during light exercise. **Dialysis Transportation Services** Unlimited number of trips to and from dialysis centers for members diagnosed with ESRD on dialysis. 50-mile max one-way limit per trip.

	2025 (this year)	2026 (next year)
		ESRD & Transplant Additional Dental Max Limit $1,000 additional allowance to max dental limit for ESRD members on dialysis.
Home and Bathroom Safety Devices and Modifications	**In-Network** $0 copay for home and bathroom safety devices and modifications.	**In-Network** Home and bathroom safety devices and modifications benefit is not covered.
Home Health Agency Care	**Out-of-Network** $0 copay for Medicare-covered home health services.	**Out-of-Network** 20% coinsurance for Medicare-covered home health services.
Home Infusion Therapy	**Out-of-Network** 0% to 20% coinsurance for Medicare-covered home infusion therapy services.	**Out-of-Network** 20% coinsurance for Medicare-covered home infusion therapy services.
Inpatient Hospital Care	**Out-of-Network** Medicare-covered inpatient hospital stays, $175 copay per day for days 1-5; $0 copay per day for days 6-90.	**Out-of-Network** Medicare-covered inpatient hospital stays, 20% coinsurance per stay.
Inpatient Services in a Psychiatric Hospital	**In-Network** Medicare-covered inpatient mental health stays, $175 copay per day for days 1-7; $0 copay per day for days 8-90. **Out-of-Network** For Medicare-covered inpatient mental health stays, $175 copay per day for days 1-7; $0 copay per day for days 8-90.	**In-Network** Medicare-covered inpatient mental health stays, $175 copay per day for days 1-5; $0 copay per day for days 6-90. **Out-of-Network** For Medicare-covered inpatient mental health stays, 20% coinsurance per stay.

	2025 (this year)	2026 (next year)
Kidney Disease Services	**Out-of-Network** $0 copay for Medicare-covered dialysis services. $0 copay for Medicare-covered kidney disease education services.	**Out-of-Network** 20% coinsurance for Medicare-covered dialysis services. 20% coinsurance for Medicare-covered kidney disease education services.
Medicare Part B Prescription Drugs	**Out-of-Network** $35 maximum copay for Medicare Part B insulin drugs. 0% to 20% coinsurance for Medicare Part B chemotherapy and radiation drugs. 0% to 20% coinsurance for other Medicare Part B drugs. Plan does not use step therapy for Medicare Part B drugs.	**Out-of-Network** 20% coinsurance for Medicare Part B insulin drugs. 20% coinsurance for Medicare Part B chemotherapy and radiation drugs. 20% coinsurance for other Medicare Part B drugs. Plan uses step therapy for Part B to Part B, Part B to Part D, and Part D to Part B.
Opioid Treatment Program Services	**Out-of-Network** $25 copay for Medicare-covered opioid treatment program services. No prior authorization required for opioid treatment program services.	**Out-of-Network** 20% coinsurance for Medicare-covered opioid treatment program services. Prior authorization may be required for opioid treatment program services.
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	**In-Network** $75 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans)	**In-Network** $0 to $50 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans) Lower copayment for ultrasounds. Higher copayment for other diagnostic radiological procedures.

	2025 (this year)	2026 (next year)
	Out-of-Network	**Out-of-Network**
	$0 copay for Medicare-covered outpatient diagnostic procedures and tests	20% coinsurance for Medicare-covered outpatient diagnostic procedures and tests
	$0 copay for Medicare-covered outpatient lab services	20% coinsurance for Medicare-covered outpatient lab services
	$75 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans)	20% coinsurance for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans)
	$0 copay for Medicare-covered outpatient X-rays	20% coinsurance for Medicare-covered outpatient X-rays
Outpatient Hospital Observation	**Out-of-Network**	**Out-of-Network**
	$175 copay for Medicare-covered outpatient hospital observation services.	20% coinsurance for Medicare-covered outpatient hospital observation services.
Outpatient Mental Health Care	**Out-of-Network**	**Out-of-Network**
	$25 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist). $10 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).	20% coinsurance for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist). 20% coinsurance for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).
	$25 copay for each Medicare-covered individual therapy visit with a psychiatrist. $10 copay for each Medicare-covered group therapy visit with a psychiatrist.	20% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist. 20% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.

	2025 (this year)	2026 (next year)
Outpatient Rehabilitation Services	**Out-of-Network** $10 copay for each Medicare-covered occupational therapy visit. $10 copay for each Medicare-covered physical therapy or speech therapy visit. No prior authorization required for occupational therapy services.	**Out-of-Network** 20% coinsurance for each Medicare-covered occupational therapy visit. 20% coinsurance for each Medicare-covered physical therapy or speech therapy visit. Prior authorization may be required for occupational therapy services.
Outpatient Substance Use Disorder Services	**Out-of-Network** $25 copay for each Medicare-covered individual therapy visit. $15 copay for each Medicare-covered group therapy visit.	**Out-of-Network** 20% coinsurance for each Medicare-covered individual therapy visit. 20% coinsurance for each Medicare-covered group therapy visit.
Outpatient Surgery	Includes services provided at hospital outpatient facilities and ambulatory surgical centers. **Out-of-Network** For Medicare-covered services at an outpatient hospital facility, $175 copay. For Medicare-covered services at an ambulatory surgical center, $75 copay.	**Out-of-Network** For Medicare-covered services at an outpatient hospital facility, 20% coinsurance. For Medicare-covered services at an ambulatory surgical center, 20% coinsurance.
Partial Hospitalization and Intensive Outpatient Program Services	**Out-of-Network** $80 copay for Medicare-covered partial hospitalization services. $80 copay for Medicare-covered intensive outpatient program services.	**Out-of-Network** 20% coinsurance for Medicare-covered partial hospitalization services. 20% coinsurance for Medicare-covered intensive outpatient program services.

	2025 (this year)	2026 (next year)
Personal Emergency Response System (PERS) Benefit	You may receive a pendant device for the purpose of monitoring fall risk prevention and access to emergency services. No referral required for the personal emergency response system benefit.	You may choose between a pendant or a smartwatch device with embedded GPS location functionality to monitor for fall risk or access to emergency services. Referral is required for the personal emergency response system benefit.
Physician/Practitioner Services, Including Doctor's Office Visits	**In-Network** $20 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants)	**In-Network** $0 to $15 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants) Lower copay for PCP, nephrologists, cardiologists, endocrinologist other health care professionals. Higher copay for Specialist other health care professionals.
	Out-of-Network $0 copay for each Medicare-covered primary care doctor visit. $0 copay for nephrologists, cardiologists, endocrinologists, cardiovascular and vascular surgeons and $15 copay for all other specialists for each Medicare-covered specialist visit. For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), $20 copay.	**Out-of-Network** 20% coinsurance for each Medicare-covered primary care doctor visit. 20% coinsurance for each Medicare-covered specialist visit. For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), 20% coinsurance.

	2025 (this year)	2026 (next year)
	No prior authorization required for physician specialist services.	Prior authorization may be required for physician specialist services.
Podiatry Services	**Out-of-Network** $0 copay for each Medicare-covered podiatry services visit. $0 copay for each routine foot care visit (12 visits every year). No prior authorization required for Medicare-covered podiatry care services.	**Out-of-Network** 20% coinsurance for each Medicare-covered podiatry services visit. Routine foot care benefit is not covered. Prior authorization may be required for Medicare-covered podiatry care services.
Post Discharge In-home Medication Reconciliation	**Out-of-Network** $0 copay for post discharge in-home medication reconciliation services.	**Out-of-Network** Post discharge in-home medication reconciliation services benefit is not covered.
Preventive Services	These services are noted with an apple icon in the Chapter 4 medical benefits chart in your *Evidence of Coverage*). **Out-of-Network** $0 copay for Medicare-covered zero cost-sharing preventive services.	**Out-of-Network** 20% coinsurance for Medicare-covered zero cost-sharing preventive services.
Prostate Cancer Screening Exam (Digital Rectal Exam)	**Out-of-Network** $0 copay for each Medicare-covered digital rectal exam.	**Out-of-Network** 20% coinsurance for each Medicare-covered digital rectal exam.
Pulmonary Rehabilitation Services	**Out-of-Network** $10 copay for each Medicare-covered pulmonary rehabilitation services visit. No prior authorization required for Medicare-covered pulmonary rehabilitation services.	**Out-of-Network** 20% coinsurance for each Medicare-covered pulmonary rehabilitation services visit. Prior authorization may be required for Medicare-covered pulmonary rehabilitation services.

	2025 (this year)	2026 (next year)
Re-admission Prevention	**In-Network** Meals benefit is not covered as part of the re-admission prevention benefit. No referral required for the re-admission prevention benefit.	**In-Network** As recommended by case manager through plan provider. Post acute meal benefit following an inpatient stay 2 meals per day for 14 days, up to 4 times per year are provided. Referral is required for the re-admission prevention benefit.
Skilled Nursing Facility (SNF) Care	**Out-of-Network** For Medicare-covered SNF stays, $0 copay per day for days 1-20; $214 copay per day for days 21-100.	**Out-of-Network** For Medicare-covered SNF stays, 20% coinsurance per stay.
Special Supplemental Benefits for the Chronically Ill	$25 maximum plan allowance amount every month for the following services under SSBCI: • Utilities Payment • Over-the-counter (OTC) • Pet Supplies & Services • Personal Care Services A monthly allowance of $75 to be used for the purchase of healthy foods / produce or prepared meals at participating Plan Merchants. Unused Allowance does not roll over to the next month. Non-Medicare Covered In-Home Staff-Assisted Dialysis is not covered.	$100 quarterly allowance to be used for the purchase of over-the-counter (OTC) items and/or paying utilities. Unused allowance does not roll over to the next quarter. Utility account information required. • Pet Supplies & Services are not covered • Personal Care Services are not covered $200 monthly allowance to be used for the purchase of healthy foods / produce or prepared meals from participating Plan Merchants. Unused allowance does not roll over to the next month. $0 Copay for Non-Medicare Covered In-Home Staff-Assisted Dialysis. Eligible End-Stage Renal Disease (ESRD) members undergoing dialysis may qualify for in-home Staff Assisted

	2025 (this year)	2026 (next year)
		Dialysis services when deemed medically necessary by their physician or the health plan provider. These services are coordinated through case management, which will refer members to participating providers to ensure appropriate and continuous care in the home. Referral required. Monthly allowance for fuel at gas stations is not covered.
	A monthly allowance of $50 to be used for the purchase of fuel at gas stations and for ride sharing trips from a plan participating vendor. Unused Allowance does not roll over to the next month.	
Supervised Exercise Therapy (SET)	**Out-of-Network** $10 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD). No prior authorization required for Medicare-covered supervised exercise therapy services.	**Out-of-Network** 20% coinsurance for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD). Prior authorization may be required for Medicare-covered supervised exercise therapy services.
Telehealth Benefits (additional)	**In-Network** $10 copay for telehealth services, including: primary care physician services, physician specialist services, individual sessions for mental health specialty services, group sessions for mental health specialty services.	**In-Network** $0 copay for telehealth services, including: primary care physician services, physician specialist services, individual sessions for mental health specialty services, group sessions for mental health specialty services.

	2025 (this year)	2026 (next year)
Telemonitoring Services	**In-Network** $0 copay for telemonitoring services.	**In-Network** Telemonitoring services are not covered.
Therapeutic Massage	**In-Network** $0 copay for therapeutic massage sessions (unlimited visits every year).	**In-Network** Therapeutic massage benefit is not covered.
Transportation Services (routine)	**In-Network** $0 copay for routine transportation services (50 one-way trips every 3 months to health-related locations) using rideshare services, van and medical transport.	**In-Network** $0 copay for routine transportation services (24 one-way trips every year to plan-approved health-related locations) using taxi, rideshare services, van and medical transport.
Urgently Needed Care Services	**In- and Out-of-Network** $40 copay for each visit for Medicare-covered urgently needed care services.	**In- and Out-of-Network** $10 copay for each visit for Medicare-covered urgently needed care services.
Vision Care	**In-Network** $0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.	**In-Network** $15 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.
Supplemental Vision Benefits	$500 maximum coverage amount every quarter for all routine eye exams and eyewear. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period. You are responsible for all costs	$0 for one routine eye exam each year (includes vision check). Services must be received from providers within the vendor's network. 1 pair of single vision, bifocal, or trifocal lenses per year Up to $300 per year for glasses frames **OR** up to $115 per year for contact lenses, including fitting

	2025 (this year)	2026 (next year)
	exceeding the combined benefit amount for the flexible benefits.	and evaluation (instead of glasses) Coverage includes either frames or contact lenses, not both. You pay any costs over these limits. **Out-of-Network** 20% coinsurance for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. 20% coinsurance for an annual Medicare-covered glaucoma screening. Supplemental vision benefits are not covered out-of-network.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List provided electronically at www.goldkidney.com. provided electronically.

We haven't made any changes to our Drug List at this time for next year. However, we might make changes during the year that are allowed by Medicare rules. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***
  You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***
  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your total out-of-pocket costs reach $2,100.
- ***Stage 3: Catastrophic Coverage***
  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tiers 1 through 6, your cost sharing in the Initial Coverage Stage is changing from coinsurance to a copayment. Go to the following table for the changes from 2025 to 2026.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).	2025 (this year)	2026 (next year)
Tier 1 Preferred Generic:	$0	$0
Tier 2 Generic:	$5	$5
Tier 3 Preferred Brand:	$47	$47
Tier 4 Non-Preferred Brand:	$100	$100
Tier 5 Specialty Tier:	33%	33%
Tier 6 Select Diabetic Drugs:	$0	$0

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-844-294-6535 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Gold Dialysis & Kidney (HMO-POS C-SNP), you don't need to do anything.
Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Gold Dialysis & Kidney (HMO-POS C-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Gold Dialysis & Kidney (HMO-POS C-SNP).

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Gold Dialysis & Kidney (HMO-POS C-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-844-294-6535 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles,

and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
- Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Arizona AIDS Drugs Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Arizona AIDS Drugs Assistance Program (ADAP) at 1-800-334-1540. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of payment option. To learn more about this payment option, call us at 1-844-294-6535 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Gold Dialysis & Kidney (HMO-POS C-SNP)

- **Call Member Services at 1-844-294-6535. (TTY users call 711.)**
  We're available for phone calls from 8 a.m. to 8 p.m., local time, 7 days a week (except holidays) October 1 through March 31 and 8 a.m. to 8 p.m., local time, Monday – Friday (except holidays) from April 1 through September 30. Calls to these numbers are free.
- **Read your *2026 Evidence of Coverage***
  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for Gold Dialysis & Kidney (HMO-POS C-SNP). The *Evidence of Coverage* is the legal, detailed description

of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.goldkidney.com or call Member Services at 1-844-294-6535 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.goldkidney.com**
  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (SHIP).

Call Arizona State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Arizona State Health Insurance Assistance Program (SHIP) at 1-602-542-4446 or 1-800-432-4040. Learn more about Arizona State Health Insurance Assistance Program (SHIP) by visiting (www.des.az.gov/medicare-assistance).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**
  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.
- **Chat live with www.Medicare.gov**
  You can chat live at www.Medicare.gov/talk-to-someone.
- **Write to Medicare**
  You can write to Medicare at PO Box 1270, Lawrence, KS 66044.
- **Visit www.Medicare.gov**
  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.
- **Read *Medicare & You 2026***
  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of Availability

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-294-6535 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-294-6535 (TTY: 711) o hable con su proveedor.

Navajo: SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-844-294-6535 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

Haitian: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-844-294-6535 (TTY: 711) oswa pale avèk founisè w la.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-294-6535 (TTY : 711) ou parlez à votre fournisseur.

Portuguese: ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-294-6535 (TTY: 711) ou fale com seu provedor.

Simplified Chinese: 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-294-6535（文本电话：711）或咨询您的服务提供商。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-294-6535 (TTY: 711) o makipag-usap sa iyong provider.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-294-6535 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-294-6535 (711) أو تحدث إلى مقدم الخدمة.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-294-6535 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-294-6535 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-294-6535 (TTY: 711) или обратитесь к своему поставщику услуг.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-844-294-6535 (tty: 711) o parla con il tuo fornitore.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-844-295-6535 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-294-6535(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.