

## ***Gold Heart & Diabetes Complete (HMO-POS C-SNP) offered by Gold Kidney Health Plan of Florida***

### **Annual Notice of Change for 2026**

You're enrolled as a member of Gold Heart & Diabetes Complete (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 Heart & Diabetes Complete (HMO-POS C-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://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](http://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 Heart & Diabetes Complete (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 Florida. When it says “plan” or “our plan,” it means Gold Heart & Diabetes Complete (HMO-POS C-SNP).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Gold Heart & Diabetes Complete (HMO-POS C-SNP). Starting January 1, 2026, you'll get your medical and drug coverage through Gold Heart & Diabetes Complete (HMO-POS C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$20.30	\$0
<b>Deductible</b>	\$257 except for insulin furnished through an item of durable medical equipment	\$288 except for insulin furnished through an item of durable medical equipment
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$9,350	\$9,250
<b>Primary care office visits</b>	20% coinsurance per visit	20% coinsurance per visit
<b>Specialist office visits</b>	20% coinsurance per visit	20% coinsurance per visit
<b>Inpatient hospital stays</b> 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.	Days 1-60: \$0 copay for each benefit period. Days 61-90: \$419 copay per day of each benefit period. Days 91 and beyond: \$838 copay for each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs	Days 1-60: \$0 copay for each benefit period. Days 61-90: \$419 copay per day of each benefit period. Days 91 and beyond: \$838 copay for each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs These are 2025 cost-sharing amounts and may change for 2026.

	2025 (this year)	2026 (next year)
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	\$590 except for covered insulin products and most adult Part D vaccines.	\$615 except for covered insulin products and most adult Part D vaccines.
<b>Part D drug coverage</b>  (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: 25%</li> </ul> Catastrophic Coverage Stage: <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs</li> </ul>	Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: 24%</li> <li>• Drug Tier 2: 24%</li> <li>• Drug Tier 3: 24%</li> <li>• Drug Tier 4: 26%</li> <li>• Drug Tier 5: 25%</li> <li>• Drug Tier 6: 15%</li> </ul> Catastrophic Coverage Stage: <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs</li> </ul>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$20.30	\$0
<b>Part B premium reduction</b>  This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$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)
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayments and deductibles) <b>count</b> toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p>	\$9,350	<p>\$9,250</p> <p>Once you've paid \$9,250 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.</p>

## 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 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)
<b>Cardiac Rehabilitation Services</b>	No prior authorization required for Medicare-covered cardiac rehabilitation & intensive cardiac rehabilitation services.	Prior authorization may be required for Medicare-covered cardiac rehabilitation & intensive cardiac rehabilitation services.
<b>Chiropractic Services</b>	No prior authorization required for Medicare-covered chiropractic services.	Prior authorization may be required for Medicare-covered chiropractic services.
<b>Dental Services</b>	<p><b><u>In-Network</u></b></p> <p>\$950 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.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>	<p><b><u>In-Network</u></b></p> <p>\$4,000 allowance per year for preventive and comprehensive dental services combined. Services must be received from providers within the vendor's network.</p> <p>You are responsible for all costs exceeding the combined benefit amount.</p> <p>Prior authorization may be required for comprehensive dental services.</p> <p>\$0 copay for each preventive dental exam (4 oral exams every year).</p> <p>\$0 copay for each cleaning (2 cleanings every year).</p> <p>\$0 copay for each fluoride treatment (2 fluoride treatments every year).</p>

	2025 (this year)	2026 (next year)
		<p>\$0 copay for X-rays (3 X-rays every year).</p> <p>\$0 copay for other preventive dental services (2 visits every year for other preventive dental services).</p> <p>\$0 copay for each restorative services visit (4 visits every year).</p> <p>\$0 copay for each endodontics services visit (2 visits every year).</p> <p>\$0 copay for each periodontics services visit (2 visits every year).</p> <p>\$0 copay for each oral and maxillofacial surgery services visit (3 visits every year).</p> <p>\$0 copay for each adjunctive general services visit (5 visits every year).</p> <p><b><u>Out-of-Network</u></b></p> <p>Supplemental dental benefits are <u>not</u> covered out-of-network.</p>
<b>Emergency Care</b>	<p><b><u>In- and Out-of-Network</u></b></p> <p>20% coinsurance, up to a \$110 maximum for each visit for Medicare-covered emergency care services.</p>	<p><b><u>In- and Out-of-Network</u></b></p> <p>20% coinsurance, up to a \$115 maximum for each visit for Medicare-covered emergency care services.</p>
<b>Fitness Benefit</b>	<p>\$75 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.</p>	<p>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</p>

	2025 (this year)	2026 (next year)
	Unused allowance does not carry forward to the next month.	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.
<b>Health and Wellness Education Programs</b>	<b><u>In-Network</u></b> \$0 copay for health and wellness education program services.	<b><u>In-Network</u></b> Health and wellness education program services are <u>not</u> covered.
<b>Hearing Services</b> <b><i>Supplemental Hearing Aids</i></b>	<b><u>In-Network</u></b> \$950 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.	<b><u>In-Network</u></b> \$1,500 maximum plan coverage amount every year for routine hearing exams. This amount is combined with the prescription hearing aids benefit. Services must be received from providers within the vendor's network. You are responsible for all costs exceeding the benefit limit amounts.
<b>Home and Bathroom Safety Devices and Modifications</b>	<b><u>In-Network</u></b> \$0 copay for home and bathroom safety devices and modifications.	<b><u>In-Network</u></b> Home and bathroom safety devices and modifications benefit is <u>not</u> covered.
<b>Home Health Agency Care</b>	<b><u>Out-of-Network</u></b> \$0 copay for Medicare-covered home health services.	<b><u>Out-of-Network</u></b> 20% coinsurance for Medicare-covered home health services.

	2025 (this year)	2026 (next year)
<b>Inpatient Hospital Care</b>	<p><b><u>In-Network &amp; Out-of-Network</u></b>            Medicare-covered inpatient hospital stays, \$1,676 deductible for each benefit period.            Days 1-60: \$0 copay for each benefit period.            Days 61-90: \$419 copay per day of each benefit period.            Days 91 and beyond: \$838 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).            Beyond lifetime reserve days: all costs.</p> <p>Additional days are <u>not</u> covered.</p>	<p><b><u>In-Network &amp; Out-of-Network</u></b>            Medicare-covered inpatient hospital stays, \$1,676 deductible for each benefit period.            Days 1-60: \$0 copay for each benefit period.            Days 61-90: \$419 copay per day of each benefit period.            Days 91 and beyond: \$838 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).            Beyond lifetime reserve days: all costs.            Additional days after reaching the Medicare-covered benefit limit, \$0 copay for days 91 and beyond.</p>
<b>Inpatient Services in a Psychiatric Hospital</b>	<p><b><u>In-Network &amp; Out-of-Network</u></b>            Medicare-covered inpatient hospital stays, \$1,676 deductible for each benefit period.            Days 1-60: \$0 copay for each benefit period.            Days 61-90: \$419 copay per day of each benefit period.            Days 91 and beyond: \$838 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).            Beyond lifetime reserve days: all costs.</p> <p>Additional days are <u>not</u> covered.</p>	<p><b><u>In-Network &amp; Out-of-Network</u></b>            Medicare-covered inpatient hospital stays, \$1,676 deductible for each benefit period.            Days 1-60: \$0 copay for each benefit period.            Days 61-90: \$419 copay per day of each benefit period.            Days 91 and beyond: \$838 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).            Beyond lifetime reserve days: all costs.            Additional days after reaching the Medicare-covered benefit limit, \$0 copay for days 91 and beyond.</p>

	2025 (this year)	2026 (next year)
<b>Intensive Outpatient Program Services</b>	Included under <i>Outpatient Mental Health Services</i> in 2025	<b><u>In-Network</u></b> 20% coinsurance for Medicare-covered intensive outpatient program services <b><u>Out-of-Network</u></b> 20% coinsurance for Medicare-covered intensive outpatient program services Prior authorization may be required for Medicare-covered intensive outpatient program services
<b>Medicare Part B Prescription Drugs</b>	<b><u>Out-of-Network</u></b> \$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.	<b><u>Out-of-Network</u></b> 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.
<b>Opioid Treatment Program Services</b>	No prior authorization required for opioid treatment program services.	Prior authorization may be required for opioid treatment program services.
<b>Outpatient Rehabilitation Services</b>	No prior authorization required for occupational therapy services.	Prior authorization may be required for occupational therapy services.
<b>Partial Hospitalization</b>	Included under <i>Outpatient Mental Health Services</i> in 2025	<b><u>In-Network</u></b> 20% coinsurance for Medicare-covered partial hospitalization services <b><u>Out-of-Network</u></b> 20% for Medicare-covered partial hospitalization services

	2025 (this year)	2026 (next year)
<b>Personal Emergency Response System (PERS) Benefit</b>	No referral required for the personal emergency response system benefit.	Referral is required for the personal emergency response system benefit.
<b>Physician/Practitioner Services, Including Doctor's Office Visits</b>	No prior authorization required for physician specialist services.	Prior authorization may be required for physician specialist services.
<b>Podiatry Services</b>	No prior authorization required for Medicare-covered podiatry care services.	Prior authorization may be required for Medicare-covered podiatry care services.
<b>Pulmonary Rehabilitation Services</b>	No prior authorization required for Medicare-covered pulmonary rehabilitation services.	Prior authorization may be required for Medicare-covered pulmonary rehabilitation services.
<b>Re-admission Prevention</b>	<p><b><u>In-Network</u></b> Meals benefit is <u>not</u> covered as part of the re-admission prevention benefit.</p> <p>No referral required for the re-admission prevention benefit.</p>	<p><b><u>In-Network</u></b> 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.</p>
<b>Skilled Nursing Facility (SNF) Care</b>	<p><b><u>In- and Out-of-Network</u></b> For Medicare-covered SNF stays, Days 1-20: \$0 copay for each benefit period. Days 21-100: \$209.50 copay per day of each benefit period. Days 101 and beyond: all costs.</p> <p>These are 2025 cost-sharing amounts and may change for 2026</p>	<p><b><u>In- and Out-of-Network</u></b> For Medicare-covered SNF stays, Days 1-20: \$0 copay for each benefit period. Days 21-100: \$209.50 copay per day of each benefit period. Days 101 and beyond: all costs.</p> <p>These are 2025 cost-sharing amounts and may change for 2026.</p>

	2025 (this year)	2026 (next year)
<b>Special Supplemental Benefits for the Chronically Ill</b>	<p>\$75 maximum plan allowance amount every month for the following services under SSBCI:</p> <ul style="list-style-type: none"> <li>• Utilities Payment</li> <li>• Over-the-counter (OTC)</li> <li>• Pet Supplies &amp; Services</li> <li>• Personal Care Services</li> </ul> <p>A monthly allowance of \$175 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.</p> <p>A monthly allowance of \$25 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.</p>	<p>\$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.</p> <ul style="list-style-type: none"> <li>• Pet Supplies &amp; Services are <u>not</u> covered</li> <li>• Personal Care Services are <u>not</u> covered</li> </ul> <p>\$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.</p> <p>Monthly allowance for fuel at gas stations is not covered</p>
<b>Supervised Exercise Therapy (SET)</b>	No prior authorization required for Medicare-covered supervised exercise therapy services.	Prior authorization may be required for Medicare-covered supervised exercise therapy services.
<b>Telemonitoring Services</b>	<b><u>In-Network</u></b> \$0 copay for telemonitoring services.	<b><u>In-Network</u></b> Telemonitoring services are <u>not</u> covered.
<b>Therapeutic Massage</b>	<b><u>In-Network</u></b> \$0 copay for therapeutic massage sessions (unlimited visits every year).	<b><u>In-Network</u></b> Therapeutic massage benefit is <u>not</u> covered.

	2025 (this year)	2026 (next year)
<b>Transportation Services (routine)</b>	<p><b><u>In-Network</u></b> \$0 copay for routine transportation services (23 one-way trips every year to health-related locations) using rideshare services, van and medical transport.</p>	<p><b><u>In-Network</u></b> \$0 copay for routine transportation services (22 one-way trips every year to plan-approved health-related locations) using taxi, rideshare services, bus/subway and medical transport.</p>
<b>Urgently Needed Care Services</b>	<p><b><u>In- and Out-of-Network</u></b> 20% coinsurance, up to a \$45 maximum for each visit for Medicare-covered urgently needed care services.</p>	<p><b><u>In- and Out-of-Network</u></b> 20% coinsurance, up to a \$40 maximum for each visit for Medicare-covered urgently needed care services.</p>
<p><b>Vision Care</b></p> <p><b><i>Supplemental Vision Benefits</i></b></p>	<p><b><u>In-Network</u></b> \$950 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.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>	<p><b><u>In-Network</u></b> \$0 for one routine eye exam each year (includes vision check). Services must be received from providers within the vendor's network.</p> <p>1 pair of single vision, bifocal, or trifocal lenses per year</p> <p>Up to \$300 per year for glasses frames</p> <p><b>OR</b> up to \$115 per year for contact lenses, including fitting and evaluation (instead of glasses)</p> <p>Coverage includes either frames or contact lenses, not both. You pay any costs over these limits</p> <p><b><u>Out-of-Network</u></b> 20% coinsurance for an annual Medicare-covered glaucoma screening. Supplemental vision benefits are not covered out-of-network.</p>

## 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](http://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

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30<sup>th</sup>, call Member Services at 1-844-294-6535 (TTY users call 711) and ask for the *LIS Rider*.

### 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 Part D 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)
<b>Yearly Deductible</b>	\$590	\$615

### Drug Costs in Stage 2: Initial Coverage

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)
<b>Tier 1 Preferred Generic:</b>	25%	24%
<b>Tier 2 Generic:</b>	Not Applicable	24%
<b>Tier 3 Preferred Brand:</b>	Not Applicable	24%
<b>Tier 4 Non-Preferred Brand:</b>	Not Applicable	26%
<b>Tier 5: Specialty Tier</b>	Not Applicable	25%
<b>Tier 6: Select Diabetic Drugs</b>	Not Applicable	15%

### 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)
<b>Medicare Prescription Payment Plan</b>	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 <a href="http://www.Medicare.gov">www.Medicare.gov</a> .

## SECTION 3 How to Change Plans

**To stay in Gold Heart & Diabetes Complete (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 Heart & Diabetes Complete (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 Heart & Diabetes Complete (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 Heart & Diabetes Complete (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](http://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

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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/underinsured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Florida 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 Florida AIDS Drugs Assistance Program (ADAP) at 850-245-4422. 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](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Gold Heart & Diabetes Complete (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 Heart & Diabetes Complete (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](http://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](http://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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

Call Serving Health Insurance Needs of Elders (SHINE) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337. Learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting ([www.floridashine.org](http://www.floridashine.org)).

## 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](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://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](http://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](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.