

# 2026 Gold Kidney Medicare Advantage Plan Comparison (HMO-POS C-SNP)



		Gold Heart & Diabetes (H1526-001)				Gold Heart & Diabetes Complete (H1526-002)				Gold Dialysis & Kidney (H1526-003)				Gold Dialysis & Kidney Complete (H1526-004)			
OVERVIEW	Service Area	Baker, Broward, Clay, DeSoto, Duval, Hardee, Hendry, Hernando, Hillsborough, Indian River, Manatee, Martin, Okeechobee, Osceola, Palm Beach, Pasco, Pinellas, Sarasota, Seminole, St. Lucie, Sumter				Baker, Broward, Clay, DeSoto, Duval, Hardee, Hendry, Hernando, Hillsborough, Indian River, Manatee, Martin, Miami-Dade, Okeechobee, Osceola, Palm Beach, Pasco, Pinellas, Sarasota, Seminole, St. Lucie, Sumter				Baker, Broward, Clay, DeSoto, Duval, Hardee, Hendry, Hernando, Hillsborough, Indian River, Manatee, Martin, Okeechobee, Osceola, Palm Beach, Pasco, Pinellas, Sarasota, Seminole, St. Lucie, Sumter				Baker, Broward, Clay, DeSoto, Duval, Hardee, Hendry, Hernando, Hillsborough, Indian River, Manatee, Martin, Miami-Dade, Okeechobee, Osceola, Palm Beach, Pasco, Pinellas, Sarasota, Seminole, St. Lucie, Sumter			
	Part B Giveback	\$120				\$0				\$0				\$0			
	Monthly Premium	\$0				\$0				\$0				\$4.80			
	Annual Deductible	\$0				\$288				\$0				\$288			
	Maximum Out of Pocket (MOOP)	\$2,700				\$9,250				\$3,100				\$9,250			
		In-Network		Out-of-Network		In- and Out-of-Network				In-Network		Out-of-Network		In- and Out-of-Network			
CORE BENEFITS	Primary care physician	\$0				20%				\$0				20%			
	Specialist: nephrologists, endocrinologists, and cardiologists	\$0		\$20		20%				\$0		\$15		20%			
	Specialist: all others	\$20				20%				\$15				20%			
	Urgent care	\$10				20%, up to \$40 max				\$40				20%, up to \$40 max			
	Emergency care	\$120				20%, up to \$115 max				\$120				20%, up to \$115 max			
	Chiropractor	\$20				20%				\$20				20%			
	Inpatient hospitalization	Days 1-5: \$220/day Days 6-90: \$0				Original Medicare				Days 1-7: \$150/day Days 8-90: \$0				Original Medicare			
	Outpatient hospitalization services	\$220				20%				\$150				20%			
	Outpatient ambulatory surgical center	\$75				20%				\$125				20%			
	X-rays / diagnostic radiology	\$0 - \$200		\$200		20%				\$0 - \$75		\$75		20%			
	Lab services	\$0 - \$30		\$30		20%				\$0 - \$25		\$25		20%			
	Dialysis	20%				20%				\$0		20%		20%			
PRESCRIPTION DRUGS	Annual Rx deductible	\$0				\$615				\$0				\$615			
		Retail		Mail Order		Retail		Mail Order		Retail		Mail Order		Retail		Mail Order	
		30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
	Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	24%	24%	24%	24%	\$0	\$0	\$0	\$0	25%	25%	25%	25%
	Tier 2: Generic	\$0	\$0	\$0	\$0	24%	24%	24%	24%	\$5	\$12	\$5	\$5				
	Tier 3: Preferred Brand	\$40	\$100	\$40	\$40	24%	24%	24%	24%	\$47	\$117	\$40	\$40				
	Tier 4: Non-Preferred Brand	\$100	\$250	\$100	\$250	26%	26%	26%	26%	\$100	\$250	\$100	\$250				
	Tier 5: Specialty Tier	33%	N/A	N/A	N/A	25%	N/A	N/A	N/A	33%	N/A	N/A	N/A				
Tier 6: Select Diabetic Drugs	\$0	\$0	\$0	\$0	15%	15%	15%	15%	\$0	\$0	\$0	\$0					
EXTRAS	Dental: Preventative & Comprehensive	\$4,000 annual maximum				\$4,000 annual maximum				\$5,000 annual maximum				\$4,000 annual maximum			
	Eyewear	\$200 glasses OR \$115 contacts				\$300 glasses OR \$115 contacts				\$300 glasses OR \$115 contacts				\$300 glasses OR \$115 contacts			
	Hearing Aids	Tiers: \$195/\$595/\$995/\$1,395				\$1,500 towards hearing aids				Tiers: \$0/\$195/\$495/\$795/\$1,095/\$1,495				\$1,500 towards hearing aids			
	Transportation	24 one-way trips per year				22 one-way trips per year				24 one-way trips per year				24 one-way trips per year			
	Fitness	Covered				Covered				Covered				Covered			

Your medical cost-shares may be less if you receive full Medicaid benefits.





BENEFIT EXTRA HIGHLIGHTS

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**Dental**  
Preventive and comprehensive dental services
- 

**Hearing**  
Routine hearing exam, fitting and evaluation for prescription hearing aids, and 3-years’ service for hearing aids
- 

**Vision**  
Routine eye exams and annual allowance for routine eyewear (lenses and/or frames) or contact lenses
- 

**Health & Fitness Program**  
Access to fitness locations, fitness kits, and online resources and support
- 

**Food & Produce Allowance\***  
Monthly allowance for the purchase of healthy foods and produce or prepared meals from participating merchants
- 

**OTC & Utilities Allowance\***  
Quarterly allowance for the purchase of over-the-counter (OTC) items and/or paying utilities
- 

**Smartphone\***  
Smartphone with unlimited talk, text, and data
- 

**Dialysis Package**  
Benefit package including in-home support services, transportation to dialysis centers, additional dental benefits, and in-home staff-assisted dialysis\* for members who are CKD stage 5 on dialysis or kidney transplant

	Gold Heart & Diabetes (H1526-001)	Gold Heart & Diabetes Complete (H1526-002)	Gold Dialysis & Kidney (H1526-003)	Gold Dialysis & Kidney Complete (H1526-004)
Dental	✓	✓	✓	✓
Hearing <i>(including hearing aids)</i>	✓	✓	✓	✓
Vision <i>(eyewear OR contacts)</i>	✓	✓	✓	✓
Fitness	✓	✓	✓	✓
Meals for Re-admission Prevention	✓	✓	✓	✓
In-Home Safety Assessment	✓	✓	✓	✓
24/7 Nurse Advice Line	✓	✓	✓	✓
Personal Emergency Response System	✓	✓	✓	✓
Food & Produce Allowance*	✓	✓	✓	✓
Combined OTC & Utilities Allowance*	✓	✓	✓	✓
Smartphone & Data Plan*	✓	✓	✓	✓
Transportation <i>(routine)</i>	✓	✓	✓	✓
Rewards & Incentives Program	✓	✓	✓	✓
BENEFITS FOR MEMBERS ON DIALYSIS				
Transportation to Dialysis Centers <i>(unlimited)</i>			✓	✓
Additional Dental Allowance			✓	✓
In-Home Support Services <i>(60 hours/year)</i>			✓	✓
In-Home Staff-Assisted Dialysis*			✓	✓


For questions about our plans, or to enroll, please call:

**1 (888) 376-6188 (TTY 711)**

**Hours of operation**

**OCTOBER 1 – MARCH 31**  
8 a.m. – 8 p.m., local time,  
7 days a week (except holidays)

**APRIL 1 – SEPTEMBER 30**  
8 a.m. – 8 p.m., local time,  
Monday – Friday (except holidays)



[www.goldkidney.com](http://www.goldkidney.com)

P.O. Box 285, Portsmouth, NH 03802

**This is a summary document. For plan details, please refer to the 2026 Evidence of Coverage document.**

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

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. Gold Kidney Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, or sex (including pregnancy, sexual orientation, and gender identity).

\*Special Supplemental Benefits for the Chronically Ill (SSBCI) are available to eligible members with qualifying chronic conditions, including diabetes, chronic heart failure, cardiovascular disorders, and chronic kidney disease (stage 3b or higher), and are offered based upon Gold Kidney Health Plan eligibility criteria. SSBCI benefits are not guaranteed and may change each year. For full details, including eligibility requirements and available services, please contact Gold Kidney Health Plan or review your plan’s Evidence of Coverage.

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