



GOLD KIDNEY HEALTH PLAN

2026 Enrollment Guide

Gold Kidney of Arizona Gold Heart & Diabetes

(HMO-POS C-SNP)

Gold Kidney of Arizona Gold Dialysis & Kidney

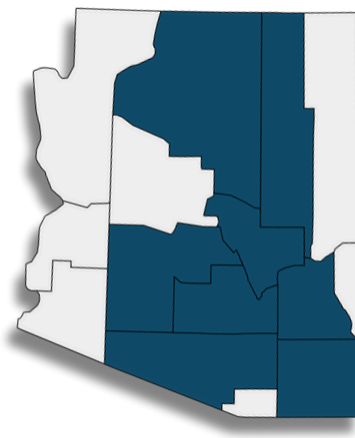
(HMO-POS C-SNP)

Gold Kidney of Arizona Gold Dialysis & Kidney Complete

(HMO-POS C-SNP)

For the residents of the following Arizona counties:

Cochise, Coconino, Gila, Graham, Maricopa, Navajo,
Pima, and Pinal



Gold Kidney Health Plan: Your Partner for Better Health

Thank you for considering Gold Kidney for your Medicare Advantage coverage.

At Gold Kidney, we're purpose-built to serve people with chronic kidney disease, end-stage renal disease on dialysis, diabetes, cardiovascular disease, and chronic heart failure. Our members are at the center of everything we do—whether it's coordinating care, assisting with benefits and claims, or ensuring you and your doctors lead every care decision.

Founded by nephrologists, we're experts in chronic condition care management. Our Medicare Advantage plans are designed around your unique needs, offering meaningful benefits that help lower out-of-pocket costs, expand care choices, and support your lifestyle.

Gold Kidney plans go beyond standard Medicare, with supplemental benefits like dental, vision, hearing, wellness programs, and more. We are committed to compassionately serving our members and improving the health of our communities—your partner in health, every step of the way.

A handwritten signature in black ink that reads "Dominic Henriques". The signature is written in a cursive, flowing style.

Dominic Henriques
Chief Executive Officer (CEO)
Gold Kidney Health Plan

The Gold Kidney Mission

Gold Kidney was built by listening to physicians and Medicare beneficiaries facing the challenges of chronic illness. Too often, high copays and limited access prevent people from getting the care they need. We're here to change that.

Our Chronic Special Needs Plans (C-SNPs) are thoughtfully designed for individuals with kidney disease, dialysis needs, diabetes, heart failure, and related conditions. With low or no out-of-pocket costs for critical treatments, our plans remove barriers and help members stay healthier, longer.

For Medicare patients living with kidney disease, Gold Kidney isn't just the best choice—it's the only choice built entirely around your needs.

As a member of Gold Kidney, you'll have access to a dedicated care team that includes a:

- Primary care provider
- Specialist(s) for your chronic condition (nephrologist, endocrinologist, cardiologist)
- Care coordinator
- Pharmacist

As your partner in care, we'll work together to create a personalized plan based on your specific needs and preferences. You'll also have access to:

- 24/7 nurse advice line
- Telehealth services
- Transportation assistance
- Smartphone
- Wellness programs
- and more!



Find a Provider or Pharmacy

www.goldkidney.com/provider-pharmacy-search

Search Our Covered Drugs List (Formulary)

www.goldkidney.com/covered-drugs



Gold Card

We make it easy for our members to use their plan benefits with the Gold &more Card — simply swipe it like a debit card to pay for everyday purchases covered by the plan allowances.

Shop at over 60,000 stores nationwide, including Fry's, Kroger, Walmart, Costco, CVS, and Walgreens.



Special Supplemental Benefits for the Chronically Ill

- Monthly healthy food & produce allowance*
- Quarterly combined over-the-counter & utilities allowance*
- Smartphone & data plan*
- Monthly rideshare allowance*

**These benefits are available only to eligible chronically ill members with qualifying chronic conditions including diabetes, chronic heart failure, cardiovascular disorders, and chronic kidney disease (Stage 3b or higher)*

Gold Rewards

Our members can earn up to \$300 each year for completing health and wellness activities through our Gold Rewards Program.

Activities like getting a flu shot, completing your health risk assessment, and visiting your PCP for your annual exam earn you rewards on our Gold Card for easy spending.



Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Please refer to the Evidence of Coverage available on GoldKidney.com for details.

Chronic Condition Plan Benefits

Our chronic condition special needs plans are tailored to meet the unique needs of our members managing chronic conditions.

Medical Benefits

- \$0 monthly premiums
- \$0 copays for nephrologist, endocrinologist, and cardiologist visits
- \$0 prescription drug deductible
- Low copays for many medications, including insulin
- \$0 copay for dialysis and pre- and post-kidney transplant support
- \$0 copays for routine eye exams and hearing exam
- \$0 copays for hearing aid fitting and evaluation visits
- Coverage for prescription hearing aids
- Annual coverage amount towards dental services

Extra Benefits

- Transportation
- Health & fitness program
- 24/7 nurse advice line
- In-home safety assessment
- Connected fall-risk prevention device
- Meals for readmission prevention



Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Please refer to the Evidence of Coverage available on [GoldKidney.com](https://www.GoldKidney.com) for details.

Gold Heart & Diabetes Plans

Dental

Up to **\$4,000** annually towards combined preventive and comprehensive dental services

Vision

Annual coverage of **\$200** for routine eyewear OR **\$115** for contact lenses

Hearing

Coverage for **4 tiers** of prescription hearing aids

Plus, **3-year warranty**, 3 years of follow-up provider visits, and **2 years of batteries** for hearing aids

Gold Dialysis & Kidney Plans

Dental

Up to **\$5,000** annually towards combined preventive and comprehensive dental services

Vision

Annual coverage of **\$300** for routine eyewear OR **\$115** for contact lenses

Hearing

Coverage for **6 tiers** of prescription hearing aids, or **\$1,500** annually towards your choice of hearing aids

Plus, **3-year warranty**, 3 years of follow-up provider visits, and **2 years of batteries** for hearing aids

Dialysis Package**

In-Home Support Services

60 hours per year

Transportation to/from Dialysis Centers

Unlimited rides per year

\$1,000 Additional Dental Allowance

In-Home Staff Assisted Dialysis*

******These benefits are available only to eligible members who are Chronic Kidney Disease Stage 5 End-Stage Renal Disease on dialysis or kidney transplant



Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Please refer to the Evidence of Coverage available on GoldKidney.com for details.

Gold Heart & Diabetes

H4869-001

H4869-011

Overview

| | | |
|-----------------------|-----------------------------|-----------------------------------|
| Service Area | Gila, Maricopa, Pima, Pinal | Cochise, Coconino, Graham, Navajo |
| Premium | \$0 | \$0 |
| Deductible | \$0 | \$0 |
| Maximum Out of Pocket | \$2,500 | \$2,750 |

Core Benefits

| | In-Network | Out-of-Network | In-Network | Out-of-Network |
|---|---------------------------------------|----------------|---------------------------------------|----------------|
| Primary Care | \$0 | 20% | \$0 | 20% |
| Nephrologist, endocrinologist, and cardiologist | \$0 | 20% | \$0 | 20% |
| All Other Specialists | \$20 | 20% | \$20 | 20% |
| Urgent Care | \$10 | | \$40 | |
| Emergency Care | \$90 | | \$120 | |
| Inpatient Hospitalization | Days 1-5: \$125/day Days 6-90: \$0 | 20% | Days 1-5: \$220/day Days 6-90: \$0 | 20% |
| Outpatient Hospitalization | \$125 | 20% | \$220 | 20% |
| Ambulatory Surgical Center | \$100 | 20% | \$100 | 20% |
| X-rays/Diagnostic Radiology | \$0 | 20% | \$0 | 20% |
| Lab Services | \$0 - \$30 | 20% | \$0 - \$30 | 20% |
| Dialysis | 20% | | 20% | |

Prescription Drugs

| | | | | | | | | |
|-------------------------------|--------|--------|------------|--------|--------|--------|------------|--------|
| Rx Deductible | \$0 | | | | \$0 | | | |
| | Retail | | Mail Order | | Retail | | Mail Order | |
| | 30-day | 90-day | 30-day | 90-day | 30-day | 90-day | 30-day | 90-day |
| Tier 1: Preferred Generic | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tier 2: Generic | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tier 3: Preferred Brand | \$40 | \$100 | \$40 | \$40 | \$40 | \$100 | \$40 | \$40 |
| Tier 4: Non-Preferred Brand | \$100 | \$250 | \$100 | \$250 | \$100 | \$250 | \$100 | \$250 |
| Tier 5: Specialty Tier | 33% | N/A | N/A | N/A | 33% | N/A | N/A | N/A |
| Tier 6: Select Diabetic Drugs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Extras

| | | |
|----------------------|--|--|
| Dental | \$4,000 annual maximum | \$2,000 annual maximum |
| Eyewear | \$200 glasses OR \$115 contacts | \$200 glasses OR \$115 contacts |
| Hearing Aids | Tiers: \$195 / \$595 / \$995 / \$1,395 | Tiers: \$195 / \$595 / \$995 / \$1,395 |
| Transportation | 24 one-way trips per year | \$50 rideshare allowance per month* |
| Routine Chiropractor | \$10 copay (limit 12 visits per year) | \$20 copay (limit 12 visits per year) |

| | Gold Dialysis & Kidney | | | | | | | | Gold Dialysis & Kidney Complete | | | |
|---|--|--------|----------------|--------|--|--------|----------------|--------|--|--------|------------|--------|
| | H4869-003 | | | | H4869-013 | | | | H4869-014 | | | |
| Overview | | | | | | | | | | | | |
| Service Area | Gila, Maricopa, Pima, Pinal | | | | Cochise, Coconino, Graham, Navajo | | | | Gila, Maricopa, Pima, Pinal, Navajo | | | |
| Premium | \$0 | | | | \$0 | | | | \$17 | | | |
| Deductible | \$0 | | | | \$0 | | | | \$288 | | | |
| Maximum Out of Pocket | \$2,900 | | | | \$2,800 | | | | \$9,250 | | | |
| Core Benefits | | | | | | | | | | | | |
| | In-Network | | Out-of-Network | | In-Network | | Out-of-Network | | In- and Out-of-Network | | | |
| Primary Care | \$0 | | 20% | | \$0 | | 20% | | 20% | | | |
| Nephrologist, endocrinologist, and cardiologist | \$0 | | 20% | | \$0 | | 20% | | 20% | | | |
| All Other Specialists | \$15 | | 20% | | \$15 | | 20% | | 20% | | | |
| Urgent Care | \$10 | | | | \$40 | | | | 20%, up to \$40 max | | | |
| Emergency Care | \$120 | | | | \$120 | | | | 20%, up to \$115 max | | | |
| Inpatient Hospitalization | Days 1-5: \$175/day Days 6-90: \$0 | | 20% | | Days 1-5: \$200/day Days 6-90: \$0 | | 20% | | Original Medicare | | | |
| Outpatient Hospitalization | \$175 | | 20% | | \$200 | | 20% | | 20% | | | |
| Ambulatory Surgical Center | \$75 | | 20% | | \$75 | | 20% | | 20% | | | |
| X-rays/Diagnostic Radiology | \$0 | | 20% | | \$0 | | 20% | | 20% | | | |
| Lab Services | \$0 | | 20% | | \$0 | | 20% | | 20% | | | |
| Dialysis | \$0 | | 20% | | \$0 | | 20% | | 20% | | | |
| Prescription Drugs | | | | | | | | | | | | |
| Rx Deductible | \$0 | | | | \$0 | | | | \$615 | | | |
| | 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 |
| Tier 1: Preferred Generic | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 25% | 25% | 25% | 25% |
| Tier 2: Generic | \$5 | \$12 | \$5 | \$5 | \$5 | \$12 | \$5 | \$5 | | | | |
| Tier 3: Preferred Brand | \$47 | \$117 | \$40 | \$40 | \$47 | \$117 | \$40 | \$40 | | | | |
| Tier 4: Non-Preferred Brand | \$100 | \$250 | \$100 | \$250 | \$100 | \$250 | \$100 | \$250 | | | | |
| Tier 5: Specialty Tier | 33% | N/A | N/A | N/A | 33% | N/A | N/A | N/A | | | | |
| Tier 6: Select Diabetic Drugs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | |
| Extras | | | | | | | | | | | | |
| Dental | \$5,000 annual maximum | | | | \$2,500 annual maximum | | | | \$4,000 annual maximum | | | |
| Eyewear | \$300 glasses OR \$115 contacts | | | | \$300 glasses OR \$115 contacts | | | | \$300 glasses OR \$115 contacts | | | |
| Hearing Aids | Tiers: \$0 / \$195 / \$495 / \$795 / \$1,095 / \$1,495 | | | | Tiers: \$0 / \$195 / \$495 / \$795 / \$1,095 / \$1,495 | | | | \$1,500 towards hearing aids | | | |
| Transportation | 24 one-way trips per year | | | | \$75 rideshare allowance per month* | | | | 22 one-way trips per year | | | |
| Routine Chiropractor | \$20 copay (limit 12 visits per year) | | | | \$20 copay (limit 12 visits per year) | | | | 20% coinsurance (limit 12 visits per year) | | | |

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

How to Enroll



ONLINE

You can self-enroll through our website at goldkidney.com/how-to-enroll. Select “Enroll Now” under the Enroll Online option.



MAIL OR FAX

Fill out and return the completed enrollment form to:

Gold Kidney Health Plan
Attn: Sales Operations
P.O. Box 285
Portsmouth, New Hampshire 03802
You can also fax the form to (480) 716-7555.



BY PHONE OR IN-PERSON

If you would like to enroll over the phone, one of our licensed agents will be happy to assist you.

If you’re more of a face-to-face person, we can schedule an appointment with one of our licensed agents.

To enroll by phone or schedule an appointment, simply call us at **(888) 376-6188 (TTY 711)**. We are available October 1 through March 31 from 8:00 a.m. to 8:00 p.m., local time, 7 days a week (except holidays), and April 1 through September 30 from 8:00 a.m. to 8:00 p.m., local time, Monday through Friday (except holidays).

What Happens Next?



Acknowledgement

Once your enrollment application is received, Gold Kidney will send you an acknowledgement letter that details next steps and how to reach us if you have questions.



Confirmation

Within 10 days of enrollment, you’ll receive a confirmation of enrollment letter. This will also serve as confirmation that Medicare has approved your enrollment.



Extra help

If you qualify for “Extra Help” from the state for your prescription drug costs, you will receive a Low-Income Subsidy (LIS) letter within 10 days of verified enrollment.



Enrollment verification notice

Within 15 days of enrollment, you’ll receive a notification by mail or phone to:

- Confirm your enrollment,
- Make sure the Medicare Advantage plan was explained to you clearly and thoroughly, and
- Ensure that it is your intent to enroll in the plan. This is called “Outbound Enrollment and Verification” requirements.



Welcome to your new health plan

Once your enrollment is confirmed by the Center for Medicare and Medicaid Services (CMS), Gold Kidney will mail you an envelope of important plan documents, including your member ID card and information on how to access or request your Evidence of Coverage, Provider and Pharmacy directories, and more.

Scope of appointment form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions.)

- | | |
|--|--|
| <input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans | <input type="checkbox"/> Dental/Vision/Hearing Products |
| <input type="checkbox"/> Medicare Advantage Plans (Part C) Cost Plans | <input type="checkbox"/> Medicare Supplement (Medigap) Products |

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

To be completed by Agent:

Agent Name:

Agent Phone:

Beneficiary Name:

Beneficiary Phone:

Beneficiary Address:

Initial Method of Contact: *(Indicate here if beneficiary was a walk-in.)*

Agent's Signature:

Plan(s) the agent represented during this meeting:

Date Appointment Completed:

Plan use only

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best features of an HMO with an out-of-network same cost-share benefit. Like the HMO, members are required to designate a physician to be the primary health care provider.

Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Supplemental Health Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Medicare Supplemental (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Scope of Appointment documentation is subject to CMS record retention requirements.

Gold Kidney Health Plan (HMO C-SNP)

Chronic Condition Verification Form

| | | |
|--|---|------------|
| Provider Name: | | |
| One of your patients has elected to enroll in a Gold Kidney Medicare Advantage Chronic Special Needs Plan (C-SNP). To qualify for continued enrollment in this plan, CMS requires verification from a healthcare provider that the individual has been diagnosed with one or more of the plan-qualifying chronic conditions. | | |
| Patient Information | | |
| Last Name: | First Name: | MI: |
| Medicare ID (MBI): | Date of birth: ____ / ____ / ____ | |
| Please verify the patient's qualifying conditions (check all that apply) | | |
| <input type="checkbox"/> Cardiovascular Disorders <input type="checkbox"/> Chronic Heart Failure <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Patient does not have any of the above chronic conditions documented in his or her chart. | | |
| <input type="checkbox"/> Dialysis or dialysis services <input type="checkbox"/> Diabetes <input type="checkbox"/> End-Stage Renal Disease (ESRD) | | |
| Healthcare Provider Attestation (can be completed by provider or office staff). I hereby attest that the above information is correct and noted in the patient's medical record. | | |
| Printed Name: | Title: | |
| Signature: | Date: ____ / ____ / ____ | |

Please complete verbal or written verification within 48 hours of receipt. You or your office staff may complete this verification by:

Phone: To provide verbal verification, please contact Gold Kidney Members Services at **(844) 294-6535 (TTY: 711)**. We are available October 1 through March 31 from 8:00 a.m. to 8:00 p.m. local time, 7 days a week (except holidays), and April 1 through September 30 from 8:00 a.m. to 8:00 p.m. local time, Monday through Friday (except holidays).

Fax: To provide written verification, please fax the completed and signed verification form to **(866) 547-1920**.

| | | |
|------------------------------------|--------------------------|----------------|
| Gold Kidney office use only | | |
| Date received: | Gold Kidney Rep.: | Status: |

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.

This page intentionally left blank.

Questions

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. to 8 p.m., local time, 7 days a week
(except holidays)

APRIL 1 – SEPTEMBER 30

8 a.m. to 8 p.m., local time, Monday through Friday
(except holidays)

www.goldkidney.com

Gold Kidney Health Plan, P.O. Box 285, Portsmouth, NH 03802



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, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

*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.

&more Benefits Prepaid Mastercard[®] is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.