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

# Annual Notice of Change for 2027

You're enrolled as a member of Gold Dialysis & Kidney (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, 2026, you'll stay in Gold Dialysis & Kidney (HMO-POS C-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* 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.
  - April 1 - 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 Florida. When it says "plan" or "our plan," it means Gold Dialysis & Kidney (HMO-POS C-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Gold Dialysis & Kidney (HMO-POS C-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through Gold Dialysis & Kidney (HMO-POS C-SNP). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2027

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium can be higher than this amount. Go to Section 1.1 for details. | $0 | **$0** |
| **Deductible** | $0 | **$0** |
| **Maximum out-of-pocket amount** <br> This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.) | $1,900 | **In-Network** <br> **$2,000** <br> **Out-of-Network** <br> **$13,000** |
| **Primary care office visits** | In- and Out-of-Network <br> $0 copay per visit | **In-Network** <br> **$0 copay per visit** <br> **Out-of-Network** <br> **30% coinsurance per visit** |
| **Specialist office visits** | In-Network <br> $0 copay for nephrologists, cardiologists, and endocrinologists; $5 copay for all other specialists per visit <br> Out-of-Network <br> $5 copay per visit | **In- and Out-of-Network** <br> **$0 copay for nephrologists, cardiologists, and endocrinologists; $35 copay for all other specialists per visit** |
| **Inpatient hospital stays** <br> Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts | In-Network <br> $50 copay per day for days 1-7; $0 copay per day for days 8-90 <br> Out-of-Network | **In-Network** <br> **$50 copay per day for days 1-7; $0 copay per day for days 8-90** <br> **Out-of-Network** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| the day you're formally admitted with a doctor's order and ends the day before you're discharged. | $50 copay per day for days 1-7; $0 copay per day for days 8-90 | **30% coinsurance per stay** |
| **Part D drug coverage**<br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Part D drug coverage deductible<br>$0<br>Copayment during the Initial Coverage Stage:<br>Drug Tier 1: $0<br>Drug Tier 2: $5<br>Drug Tier 3: $47<br>Drug Tier 4: $100<br>Drug Tier 5: 33%<br>Drug Tier 6: $0<br>Catastrophic Coverage Stage:<br>During this payment stage, you pay nothing for your covered Part D drugs | **Part D drug coverage deductible**<br>**$0**<br>**Copayment during the Initial Coverage Stage:**<br>**Drug Tier 1: $0**<br>**Drug Tier 2: $5**<br>**Drug Tier 3: $45**<br>**Drug Tier 4: 30%**<br>**Drug Tier 5: 33%**<br>**Drug Tier 6: $0**<br>**Catastrophic Coverage Stage:**<br>**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

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | **$0** |
| **Part B premium reduction**<br>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 Part D or 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.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount.<br>Our costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | $1,900 | **In-Network**<br>**$2,000**<br>**Once you've paid $2,000 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.**<br>**Out-of-Network**<br>**$13,000**<br>**Once you've paid $13,000 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

Our network of providers has changed for next year. Review the 2027 Provider Directory www.goldkidney.com/provider-pharmacy-search/ to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at www.goldkidney.com.
- Call Member Services at 1-844-294-6535 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

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. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 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

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Acupuncture (lower back pain)** | Out-of-Network<br>$20 copay for each Medicare-covered visit. | **Out-of-Network**<br>**$35 copay for each Medicare-covered visit** |
| **Ambulance Services** | Out-of-Network<br>$220 copay for Medicare-covered ground ambulance services.<br><br>20% of the total cost for Medicare-covered air ambulance services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered ground ambulance services.**<br><br>**30% of the total cost for Medicare-covered air ambulance services.** |
| **Ambulatory Surgical Center** | Out-of-Network<br>$50 copay for Medicare-covered services at an ambulatory surgical center. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered services at an ambulatory surgical center.** |
| **Cardiac Rehabilitation Services** | Out-of-Network<br>$10 copay for each Medicare-covered cardiac rehabilitation visit.<br><br>$10 copay for each Medicare-covered | **Out-of-Network**<br>**30% of the total cost for each Medicare-covered cardiac rehabilitation visit.**<br><br>**30% of the total cost for each Medicare-covered** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | intensive-cardiac rehabilitation visit. | **intensive-cardiac rehabilitation visit.** |
| **Chiropractic Services** | Prior authorization may be required for Medicare-covered chiropractic services.<br>Out-of-Network<br>$20 copay for each Medicare-covered chiropractic visit. | **No prior authorization required for Medicare-covered chiropractic services.**<br>**Out-of-Network**<br>**30% of the total cost for each Medicare-covered chiropractic visit.** |
| **Dental Services** | In-Network<br>$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.<br>50% of the total cost for removable prosthodontics (1 upper, 1 lower full or partial mouth denture every 5 years).<br>Out-of-Network<br>$5 copay for each Medicare-covered visit. | **In-Network**<br>**$3,000 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.**<br>**20% of the total cost for removable prosthodontics (1 upper, 1 lower full or partial mouth denture every 5 years).**<br>**Out-of-Network**<br>**30% of the total cost for each Medicare-covered visit.** |
| **Diabetes Training** | Out-of-Network<br>$0 copay for Medicare-covered diabetes self- | **Out-of-Network**<br>**30% of the total cost for Medicare-covered** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | management training services. | **diabetes self-management training services.** |
| **Diabetic Supplies & Services** | In-Network<br>Diabetic monitors are not covered. | **In-Network**<br>**$0 copay for Medicare-covered diabetic monitors.** |
| | Out-of-Network<br>$0 copay for Medicare-covered diabetic supplies and services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered diabetic supplies and services.** |
| | $0 copay for Medicare-covered diabetic therapeutic shoes or inserts. | **30% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts.** |
| | Diabetic monitors are not covered. | **30% of the total cost for Medicare-covered diabetic monitors.** |
| | | **In- and Out-of-Network**<br>**Prior authorization may be required for diabetic monitors.** |
| | | **Continuous Glucose Monitors (CGMs) are available through the plan's pharmacy benefit for eligible members. Preferred CGMs obtained through participating network pharmacies are covered in accordance with plan guidelines. Nonpreferred CGMs or CGMs obtained through out-of-network** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | **providers may require prior authorization. Coverage is subject to medical necessity, eligibility criteria, and applicable plan requirements.** |
| **Dialysis Services** | Out-of-Network<br>20% of the total cost for Medicare-covered kidney dialysis services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered kidney dialysis services.** |
| **Digital Rectal Exams** | Out-of-Network<br>$0 copay for Medicare-covered digital rectal exams. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered digital rectal exams.** |
| **Durable Medical Equipment** | Out-of-Network<br>20% of the total cost for Medicare-covered durable medical equipment.<br>20% of the total cost for Medicare-covered oxygen equipment. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered durable medical equipment.**<br>**30% of the total cost for Medicare-covered oxygen equipment.** |
| **EKG Following Welcome Visit** | Out-of-Network<br>$0 copay for Medicare-covered EKG following the "Welcome to Medicare" visit. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered EKG following the "Welcome to Medicare" visit.** |
| **Glaucoma Screening** | Out-of-Network<br>$0 copay for Medicare-covered glaucoma screenings. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered glaucoma screenings.** |
| **Health Education Benefit** | In-Network | **In-Network** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | Health education benefit is not covered. | **$0 copay for the health education benefit.** |
| **Hearing Services** | Out-of-Network<br>$5 copay for each Medicare-covered hearing exam. | **Out-of-Network**<br>**30% of the total cost for each Medicare-covered hearing exam.** |
| **Home Health Services** | Out-of-Network<br>$0 copay for each Medicare-covered home health visit. | **Out-of-Network**<br>**30% of the total cost for each Medicare-covered home health visit.** |
| **Home Infusion Therapy** | Out-of-Network<br>20% of the total cost for Medicare-covered home infusion therapy services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered home infusion therapy services.** |
| **Inpatient Hospital Care** | Out-of-Network<br>$50 copay per day for days 1-7; $0 copay per day for days 8-90 for Medicare-covered inpatient hospital stays. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered inpatient hospital stays.** |
| **Inpatient Services in a Psychiatric Hospital** | Out-of-Network<br>$50 copay per day for days 1-7; $0 copay per day for days 8-90 for Medicare-covered inpatient mental health stays. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered inpatient mental health stays.** |
| **Intensive Outpatient Program Services** | In-Network<br>Prior authorization may be required for Medicare-covered intensive | **In-Network**<br>**No prior authorization required for Medicare-covered intensive** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | outpatient program services.<br><br>Out-of-Network<br>$80 copay for Medicare-covered intensive outpatient program services<br><br>Prior authorization may be required for Medicare-covered intensive outpatient program services. | **outpatient program services.**<br><br>**Out-of-Network**<br>**30% of the total cost for Medicare-covered intensive outpatient program services**<br><br>**No prior authorization required for Medicare-covered intensive outpatient program services.** |
| **Kidney Education Services** | Out-of-Network<br>$0 copay for Medicare-covered kidney disease education services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered kidney disease education services.** |
| **MA Uniformity** | In-Network<br>Unlimited number of trips to and from dialysis centers for members with Stage 5 CKD, end-stage renal disease, or those waiting for a kidney transplant:<br>50-mile limit one-way limit per trip.<br><br>$1,000 additional allowance to max dental limit for members with Stage 5 CKD, end-stage renal disease, or those waiting for a kidney transplant. | **In-Network**<br>**Unlimited number of trips to and from dialysis centers for members with Stage 5 CKD, end-stage renal disease, or those waiting for a kidney transplant:**<br>**42-mile limit one-way limit per trip.**<br><br>**Additional dental allowance not covered** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Medicare Part B Prescription Drugs** | Out-of-Network<br>20% of the total cost for Medicare Part B insulin drugs.<br>20% of the total cost for Medicare Part B chemotherapy and radiation drugs.<br>20% of the total cost for other Medicare Part B drugs. | **Out-of-Network**<br>**30% of the total cost for Medicare Part B insulin drugs.**<br>**30% of the total cost for Medicare Part B chemotherapy and radiation drugs.**<br>**30% of the total cost for other Medicare Part B drugs.** |
| **Medicare-covered Preventive Services** | Out-of-Network<br>$0 copay for Medicare-covered preventive services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered preventive services.** |
| **Mental Health Services** | Out-of-Network<br>$25 copay for Medicare-covered individual therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist.<br>$10 copay for Medicare-covered group therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered individual therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist.**<br>**30% of the total cost for Medicare-covered group therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist.** |
| **Occupational Therapy Services** | Prior authorization may be required for Medicare-covered occupational therapy services.<br>Out-of-Network | **No prior authorization required for Medicare-covered occupational therapy services.**<br>**Out-of-Network** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | $15 copay for Medicare-covered occupational therapy services. | **30% of the total cost for Medicare-covered occupational therapy services.** |
| **Opioid Treatment Program Services** | Prior authorization may be required for Medicare-covered opioid treatment program services.<br><br>Out-of-Network<br>$25 copay for Medicare-covered opioid treatment program services. | **No prior authorization required for Medicare-covered opioid treatment program services.**<br><br>**Out-of-Network**<br>**30% of the total cost for Medicare-covered opioid treatment program services.** |
| **Outpatient Blood Services** | Out-of-Network<br>20% of the total cost for Medicare-covered outpatient blood services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered outpatient blood services.** |
| **Outpatient Diagnostic Tests and Therapeutic Services and Supplies** | In-Network<br>No prior authorization required for outpatient diagnostic procedures or tests.<br><br>No prior authorization required for outpatient lab services.<br><br>Out-of-Network<br>$10 copay for Medicare-covered outpatient diagnostic procedures and tests.<br><br>$10 copay for Medicare-covered outpatient diagnostic lab services. | **In-Network**<br>**Prior authorization may be required for outpatient diagnostic procedures or tests.**<br><br>**Prior authorization may be required for outpatient lab services.**<br><br>**Out-of-Network**<br>**30% of the total cost for Medicare-covered outpatient diagnostic procedures and tests.**<br><br>**30% of the total cost for Medicare-covered** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | **outpatient diagnostic lab services.** |
| | No prior authorization required for outpatient diagnostic procedures or tests. | **Prior authorization may be required for outpatient diagnostic procedures or tests.** |
| | No prior authorization required for outpatient diagnostic lab services. | **Prior authorization may be required for outpatient diagnostic lab services.** |
| | $150 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). | **30% of the total cost for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).** |
| | 20% of the total cost for Medicare-covered outpatient diagnostic therapeutic radiology services. | **30% of the total cost for Medicare-covered outpatient diagnostic therapeutic radiology services.** |
| | $0 copay for Medicare-covered outpatient diagnostic x-ray services. | **30% of the total cost for Medicare-covered outpatient diagnostic x-ray services.** |
| **Outpatient Hospital Services** | Out-of-Network<br>$50 copay for Medicare-covered services at an outpatient hospital facility. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered services at an outpatient hospital facility.** |
| | $50 copay for Medicare-Medicare-covered outpatient diagnostic colonoscopy services. | **30% of the total cost for Medicare-covered outpatient diagnostic colonoscopy services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient Hospital Observation** | Out-of-Network<br>$50 copay per day for Medicare-covered outpatient hospital observation services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered outpatient hospital observation services.** |
| **Outpatient Substance Use Disorder Services** | Out-of-Network<br>$25 copay for Medicare-covered individual session for outpatient substance use disorder services.<br>$15 copay for Medicare-covered group session for outpatient substance use disorder services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered individual session for outpatient substance use disorder services.**<br>**30% of the total cost for Medicare-covered group session for outpatient substance use disorder services.** |
| **Partial Hospitalization** | Prior authorization may be required for Medicare-covered partial hospitalization services.<br>Out-of-Network<br>$80 copay for Medicare-covered partial hospitalization services. | **No prior authorization required for Medicare-covered partial hospitalization services.**<br>**Out-of-Network**<br>**30% of the total cost for Medicare-covered partial hospitalization services.** |
| **Physical & Speech Therapy Services** | Out-of-Network<br>$10 copay for Medicare-covered physical and speech therapy services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered physical and speech therapy services.** |
| **Physician/Practitioner Services, Including Doctor's Office Visits** | In-Network<br>$0 to $5 copay for each Medicare-covered specialist visit. | **In-Network**<br>**$0 to $35 copay for each Medicare-covered specialist visit.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | You pay a lower copay to see kidney, heart, or diabetes specialists. You pay a higher copay for all other specialists<br><br>$0 to $5 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants)<br><br>You pay a lower copay when you see nurse practitioners or other health professionals at your primary care doctor's office, or at a kidney, heart, or diabetes specialist's office. You pay a higher copay when you see them at any other specialist office.<br><br><u>Out-of-Network</u><br>$0 to $5 copay for each Medicare-covered specialist visit.<br><br>$5 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants) | **You pay a lower copay to see kidney, heart, or diabetes specialists. You pay a higher copay for all other specialists**<br><br>**$0 to $35 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants)**<br><br>**You pay a lower copay when you see nurse practitioners or other health professionals at your primary care doctor's office, or at a kidney, heart, or diabetes specialist's office. You pay a higher copay when you see them at any other specialist office.**<br><br>**<u>Out-of-Network</u>**<br>**$0 to $35 copay for each Medicare-covered specialist visit.**<br><br>**30% of the total cost for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants)** |
| **Podiatry Services** | Prior authorization may be required for Medicare- | **No prior authorization required for Medicare-** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | covered podiatry care services.<br>Out-of-Network<br>$5 copay for Medicare-covered podiatry services. | **covered podiatry care services.**<br>**Out-of-Network**<br>**30% of the total cost for Medicare-covered podiatry services.** |
| **Primary Care Physician Services** | Out-of-Network<br>$0 copay for each Medicare-covered Primary Care Physician visit. | **Out-of-Network**<br>**30% of the total cost for each Medicare-covered Primary Care Physician visit.** |
| **Prosthetics/Medical Supplies** | Out-of-Network<br>20% of the total cost for prosthetic and orthotic devices.<br>20% of the total cost for medical supplies. | **Out-of-Network**<br>**30% of the total cost for prosthetic and orthotic devices.**<br>**30% of the total cost for medical supplies.** |
| **Pulmonary Rehabilitation Services** | Out-of-Network<br>$10 copay for Medicare-covered pulmonary rehabilitation services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered pulmonary rehabilitation services.** |
| **Remote Access Technologies (web/phone-based technologies and/or nursing hotline)** | In-Network<br>$0 copay for remote access technologies (nursing hotline). | **In-Network**<br>**Remote access technologies benefit is not covered** |
| **Skilled Nursing Facility (SNF) Care** | In-Network<br>$0 copay for days 1-20; $214 copay per day for days 21-100 for Medicare-covered SNF stays.<br>Out-of-Network | **In-Network**<br>**$0 copay for days 1-20; $217 copay per day for days 21-100 for Medicare-covered SNF stays.**<br>**Out-of-Network** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | $0 copay for days 1-20; $214 copay per day for days 21-100 for Medicare-covered SNF stays. | **30% of the total cost for Medicare-covered SNF stays.** |
| **Special Supplemental Benefits for the Chronically Ill** | $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. | **$150 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.** |
| **Supervised Exercise Therapy (SET)** | Out-of-Network<br>$10 copay for Medicare-covered supervised exercise therapy services. | **Out-of-Network**<br>**30% of the total cost for Medicare-covered supervised exercise therapy services.** |
| **Support for Caregivers of Enrollees** | In- and Out-of-Network<br>Support for caregivers of enrollees benefit is not covered. | **In-Network**<br>**Support for caregivers of enrollees benefit provides caregiver training for members experiencing dementia or conditions that impact memory.** |
| **Vision** | Out-of-Network<br>$5 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.<br>$0 copay for Medicare-covered eye wear. | **Out-of-Network**<br>**30% of the total cost for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.**<br>**30% of the total cost for Medicare-covered eye wear.** |

## 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 is provided electronically at www.goldkidney.com.

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.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  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 year-to-date total drug costs reach $2,400.

- ***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 generally stay in this stage for the rest of the calendar year.

### Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

| | 2026 (this year) | 2027 (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 Tier 4 Non-Preferred Brand, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2026 to 2027.

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 $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 1 Preferred Generic:** | $0 | **$0** |
| **Tier 2 Generic:** | $5 | **$5** |
| **Tier 3 Preferred Brand:** | $47<br><br>Your cost for a one-month mail-order prescription is $40 | **$45**<br><br>**Your cost for a one-month mail-order prescription is $45** |
| **Tier 4 Non-Preferred Brand:** | $100<br><br>Your cost for a one-month mail-order prescription is $100 | **30% of the total cost**<br><br>**Your cost for a one-month mail-order prescription is 30% of the total cost** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 5 Specialty Tier:** | 33% of the total cost | **33% of the total cost** |
| **Tier 6 Select Diabetic Drugs:** | $0 | **$0** |

## SECTION 2 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 type of Medicare health 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 2027, 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). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be 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 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

### Section 2.1 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, 2027, 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, 2027.

## Section 2.2 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 3 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 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-844-294-6535 (TTY users call 711) or visit Medicare.gov.

## SECTION 4 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 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 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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 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.

## 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 Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit 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 2027***

  The *Medicare & You 2027* 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.