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

Annual Notice of Change for 2027

You're enrolled as a member of Gold Heart & Diabetes (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 Heart & Diabetes (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 Heart & Diabetes (HMO-POS C-SNP)

- Gold Kidney Health Plan, Inc., is an HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means Gold Kidney Health Plan of Arizona. When it says "plan" or "our plan," it means Gold Heart & Diabetes (HMO-POS C-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Gold Heart & Diabetes (HMO-POS C-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through Gold Heart & Diabetes (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* * 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 This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$2,500	**$3,200**
Primary care office visits	In-Network $0 copay per visit Out-of-Network 20% coinsurance per visit	**In-Network** **$0 copay per visit** **Out-of-Network** **50% coinsurance per visit**
Specialist office visits	In-Network $0 copay for nephrologists, cardiologists, and endocrinologists; $20 copay for all other specialists per visit Out-of-Network 20% coinsurance per visit	**In-Network** **$0 copay for nephrologists, cardiologists, and endocrinologists; $50 copay for all other specialists per visit** **Out-of-Network** **50% coinsurance per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted	In-Network $125 copay per day for days 1-5; $0 copay per day for days 6-90; $0 copay for days 91 and beyond	**In-Network** **$175 copay per day for days 1-7; $0 copay per day for days 8-90; $0 copay for days 91 and beyond**

	2026 (this year)	2027 (next year)
with a doctor's order and ends the day before you're discharged.	Out-of-Network 20% coinsurance per stay	**Out-of-Network** **50% coinsurance per stay**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $0 Copayment during the Initial Coverage Stage: Drug Tier 1: $0 Drug Tier 2: $0 Drug Tier 3: $40 Drug Tier 4: $100 Drug Tier 5: 33% Drug Tier 6: $0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs	**Part D drug coverage deductible** **$0** **Copayment during the Initial Coverage Stage:** **Drug Tier 1: $0** **Drug Tier 2: $5** **Drug Tier 3: $45** **Drug Tier 4: 30%** **Drug Tier 5: 33%** **Drug Tier 6: $0** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**
Part B premium reduction 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 Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$2,500	**$3,200** **Once you've paid $3,200 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 20% of the total cost for each Medicare-covered visit.	**Out-of-Network** **50% of the total cost for each Medicare-covered visit**
Ambulance Services	In-Network $150 copay for Medicare-covered ground ambulance services. Out-of-Network 20% of the total cost for Medicare-covered ground ambulance services. 20% of the total cost for Medicare-covered air ambulance services.	**In-Network** **$200 copay for Medicare-covered ground ambulance services.** **Out-of-Network** **50% of the total cost for Medicare-covered ground ambulance services.** **50% of the total cost for Medicare-covered air ambulance services.**
Ambulatory Surgical Center	Out-of-Network 20% of the total cost for Medicare-covered services at an ambulatory surgical center.	**Out-of-Network** **50% of the total cost for Medicare-covered services at an ambulatory surgical center.**
Cardiac Rehabilitation Services	Out-of-Network 20% of the total cost for each Medicare-covered cardiac rehabilitation visit. 20% of the total cost for each Medicare-covered intensive-cardiac rehabilitation visit.	**Out-of-Network** **50% of the total cost for each Medicare-covered cardiac rehabilitation visit.** **50% of the total cost for each Medicare-covered intensive-cardiac rehabilitation visit.**

	2026 (this year)	2027 (next year)
Chiropractic Services	Prior authorization may be required for Medicare-covered chiropractic services. Out-of-Network 20% of the total cost for each Medicare-covered chiropractic visit.	**No prior authorization required for Medicare-covered chiropractic services.** **Out-of-Network** **50% of the total cost for each Medicare-covered chiropractic visit.**
Dental Services	In-Network $20 copay for each Medicare-covered visit. $4,000 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. 20% of the total cost for each restorative services visit (4 visits every year). 20% of the total cost for each endodontics services visit (2 visits every year). 20% of the total cost for each periodontics services visit (2 visits every year). Removable prosthodontics services are not covered.	**In-Network** **$0 copay for each Medicare-covered visit.** **$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.** **$0 copay for each restorative services visit (4 visits every year).** **$0 copay for each endodontics services visit (2 visits every year).** **$0 copay for each periodontics services visit (2 visits every year).** **20% of the total cost for removable prosthodontics (1**

	2026 (this year)	2027 (next year)
		upper, 1 lower full or partial mouth denture every 5 years).
	Out-of-Network 20% of the total cost for each Medicare-covered visit.	**Out-of-Network** **50% of the total cost for each Medicare-covered visit.**
Diabetes Training	Out-of-Network 20% of the total cost for Medicare-covered diabetes self-management training services.	**Out-of-Network** **50% of the total cost for Medicare-covered diabetes self-management training services.**
Diabetic Supplies & Services	In-Network Diabetic monitors are not covered.	**In-Network** **$0 copay for Medicare-covered diabetic monitors.**
	Out-of-Network 20% of the total cost for Medicare-covered diabetic supplies and services.	**Out-of-Network** **50% of the total cost for Medicare-covered diabetic supplies and services.**
	20% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts.	**50% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts.**
	Diabetic monitors are not covered.	**50% of the total cost for Medicare-covered diabetic monitors.**
		In- and Out-of-Network **Prior authorization may be required for diabetic monitors.**

	2026 (this year)	2027 (next year)
		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 providers may require prior authorization. Coverage is subject to medical necessity, eligibility criteria, and applicable plan requirements.
Dialysis Services	Out-of-Network 20% of the total cost for Medicare-covered kidney dialysis services.	**Out-of-Network** **50% of the total cost for Medicare-covered kidney dialysis services.**
Digital Rectal Exams	Out-of-Network 20% of the total cost for Medicare-covered digital rectal exams.	**Out-of-Network** **50% of the total cost for Medicare-covered digital rectal exams.**
Durable Medical Equipment	Out-of-Network 20% of the total cost for Medicare-covered durable medical equipment.	**Out-of-Network** **50% of the total cost for Medicare-covered durable medical equipment.**

	2026 (this year)	2027 (next year)
	20% of the total cost for Medicare-covered oxygen equipment.	**50% of the total cost for Medicare-covered oxygen equipment.**
EKG Following Welcome Visit	Out-of-Network 20% of the total cost for Medicare-covered EKG following the "Welcome to Medicare" visit.	**Out-of-Network** **50% of the total cost for Medicare-covered EKG following the "Welcome to Medicare" visit.**
Glaucoma Screening	Out-of-Network 20% of the total cost for Medicare-covered glaucoma screenings.	**Out-of-Network** **50% of the total cost for Medicare-covered glaucoma screenings.**
Health Education Benefit	In-Network Health education benefit is not covered.	**In-Network** **$0 copay for the health education benefit.**
Hearing Services	In-Network $20 copay for each Medicare-covered hearing exam. Out-of-Network 20% of the total cost for each Medicare-covered hearing exam.	**In-Network** **$0 copay for each Medicare-covered hearing exam.** **Out-of-Network** **50% of the total cost for each Medicare-covered hearing exam.**
Home Health Services	Out-of-Network 20% of the total cost for each Medicare-covered home health visit.	**Out-of-Network** **50% of the total cost for each Medicare-covered home health visit.**
Home Infusion Therapy	Out-of-Network 20% of the total cost for Medicare-covered home infusion therapy services.	**Out-of-Network** **50% of the total cost for Medicare-covered home infusion therapy services.**

	2026 (this year)	2027 (next year)
Inpatient Hospital Care	In-Network $125 copay per day for days 1-5; $0 copay per day for days 6-90 for Medicare-covered inpatient hospital stays. Days 91-150: $0 per day, using available lifetime reserve days. After all lifetime reserve days are exhausted: Not covered; the member pays all costs. Out-of-Network 20% of the total cost for Medicare-covered inpatient hospital stays.	**In-Network** **$175 copay per day for days 1-7; $0 copay per day for days 8-90 for Medicare-covered inpatient hospital stays. Days 91 150: $0 per day, using available lifetime reserve days. After all lifetime reserve days are exhausted: Not covered; the member pays all costs.** **Out-of-Network** **50% of the total cost for Medicare-covered inpatient hospital stays.**
Inpatient Services in a Psychiatric Hospital	In-Network $125 copay per day for days 1-5; $0 copay per day for days 6-90 for Medicare-covered inpatient mental health stays. Days 91-150: $0 per day, using available lifetime reserve days. After all lifetime reserve days are exhausted: Not covered; the member pays all costs. Out-of-Network 20% of the total cost for Medicare-covered inpatient mental health stays.	**In-Network** **$175 copay per day for days 1-7; $0 copay per day for days 8-90 for Medicare-covered inpatient mental health stays. Days 91-150: $0 per day, using available lifetime reserve days. After all lifetime reserve days are exhausted: Not covered; the member pays all costs.** **Out-of-Network** **50% of the total cost for Medicare-covered inpatient mental health stays.**
Intensive Outpatient Program Services	In-Network	**In-Network**

	2026 (this year)	2027 (next year)
	Prior authorization may be required for Medicare-covered intensive outpatient program services. Out-of-Network 20% of the total cost for Medicare-covered intensive outpatient program services. Prior authorization may be required for Medicare-covered intensive outpatient program services.	**No prior authorization required for Medicare-covered intensive outpatient program services.** **Out-of-Network** **50% of the total cost for Medicare-covered intensive outpatient program services.** **No prior authorization required for Medicare-covered intensive outpatient program services.**
Kidney Education Services	Out-of-Network 20% of the total cost for Medicare-covered kidney disease education services.	**Out-of-Network** **50% of the total cost for Medicare-covered kidney disease education services.**
Medicare Part B Prescription Drugs	Out-of-Network 20% of the total cost for Medicare Part B insulin drugs. 20% of the total cost for Medicare Part B chemotherapy and radiation drugs. 20% of the total cost for other Medicare Part B drugs.	**Out-of-Network** **50% of the total cost for Medicare Part B insulin drugs.** **50% of the total cost for Medicare Part B chemotherapy and radiation drugs.** **50% of the total cost for other Medicare Part B drugs.**
Medicare-covered Preventive Services	Out-of-Network 20% of the total cost for Medicare-covered preventive services.	**Out-of-Network** **50% of the total cost for Medicare-covered preventive services.**

	2026 (this year)	2027 (next year)
Mental Health Services	Out-of-Network 20% of the total cost for Medicare-covered individual therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist. 20% of the total cost for Medicare-covered group therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist.	**Out-of-Network** **50% of the total cost for Medicare-covered individual therapy sessions with a mental health care professional (non-psychiatrist) or psychiatrist.** **50% 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. Out-of-Network 20% of the total cost for Medicare-covered occupational therapy services.	**No prior authorization required for Medicare-covered occupational therapy services.** **Out-of-Network** **50% 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. Out-of-Network 20% of the total cost for Medicare-covered opioid treatment program services.	**No prior authorization required for Medicare-covered opioid treatment program services.** **Out-of-Network** **50% of the total cost for Medicare-covered opioid treatment program services.**
Outpatient Blood Services	Out-of-Network	**Out-of-Network**

	2026 (this year)	2027 (next year)
	20% of the total cost for Medicare-covered outpatient blood services.	**50% of the total cost for Medicare-covered outpatient blood services.**
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	In-Network No prior authorization required for outpatient diagnostic procedures or tests. No prior authorization required for outpatient lab services. Out-of-Network 20% of the total cost for Medicare-covered outpatient diagnostic procedures and tests. 20% of the total cost for Medicare-covered outpatient diagnostic lab services. No prior authorization required for outpatient diagnostic procedures or tests. No prior authorization required for outpatient diagnostic lab services. 20% 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	**In-Network** **Prior authorization may be required for outpatient diagnostic procedures or tests.** **Prior authorization may be required for outpatient lab services.** **Out-of-Network** **50% of the total cost for Medicare-covered outpatient diagnostic procedures and tests.** **50% of the total cost for Medicare-covered outpatient diagnostic lab services.** **Prior authorization may be required for outpatient diagnostic procedures or tests.** **Prior authorization may be required for outpatient diagnostic lab services.** **50% of the total cost for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).** **50% of the total cost for Medicare-covered**

	2026 (this year)	2027 (next year)
	outpatient diagnostic therapeutic radiology services. 20% of the total cost for Medicare-covered outpatient diagnostic x-ray services.	**outpatient diagnostic therapeutic radiology services.** **50% of the total cost for Medicare-covered outpatient diagnostic x-ray services.**
Outpatient Hospital Services	Out-of-Network 20% of the total cost for Medicare-covered services at an outpatient hospital facility. 20% of the total cost for Medicare-Medicare-covered outpatient diagnostic colonoscopy services.	**Out-of-Network** **50% of the total cost for Medicare-covered services at an outpatient hospital facility.** **50% of the total cost for Medicare-covered outpatient diagnostic colonoscopy services.**
Outpatient Hospital Observation	Out-of-Network 20% of the total cost for Medicare-covered outpatient hospital observation services.	**Out-of-Network** **50% of the total cost for Medicare-covered outpatient hospital observation services.**
Outpatient Substance Use Disorder Services	Out-of-Network 20% of the total cost for Medicare-covered individual session for outpatient substance use disorder services. 20% of the total cost for Medicare-covered group session for outpatient substance use disorder services.	**Out-of-Network** **50% of the total cost for Medicare-covered individual session for outpatient substance use disorder services.** **50% of the total cost for Medicare-covered group session for outpatient substance use disorder services.**

	2026 (this year)	2027 (next year)
Partial Hospitalization	Prior authorization may be required for Medicare-covered partial hospitalization services. Out-of-Network 20% of the total cost for Medicare-covered partial hospitalization services.	**No prior authorization required for Medicare-covered partial hospitalization services.** **Out-of-Network** **50% of the total cost for Medicare-covered partial hospitalization services.**
Physical & Speech Therapy Services	Out-of-Network 20% of the total cost for Medicare-covered physical and speech therapy services.	**Out-of-Network** **50% of the total cost for Medicare-covered physical and speech therapy services.**
Physician/Practitioner Services, Including Doctor's Office Visits	In-Network $0 to $20 copay for each Medicare-covered specialist visit. You pay a lower copay to see kidney, heart, or diabetes specialists. You pay a higher copay for all other specialists $0 to $20 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants) 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	**In-Network** **$0 to $50 copay for each Medicare-covered specialist visit.** **You pay a lower copay to see kidney, heart, or diabetes specialists. You pay a higher copay for all other specialists** **$0 to $50 copay for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants)** **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**

	2026 (this year)	2027 (next year)
	specialist's office. You pay a higher copay when you see them at any other specialist office. Out-of-Network 20% of the total cost for each Medicare-covered specialist visit. 20% of the total cost for each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants)	**diabetes specialist's office. You pay a higher copay when you see them at any other specialist office.** **Out-of-Network** **50% of the total cost for each Medicare-covered specialist visit.** **50% 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-covered podiatry care services. Out-of-Network 20% of the total cost for Medicare-covered podiatry services.	**No prior authorization required for Medicare-covered podiatry care services.** **Out-of-Network** **50% of the total cost for Medicare-covered podiatry services.**
Primary Care Physician Services	Out-of-Network 20% of the total cost for each Medicare-covered Primary Care Physician visit.	**Out-of-Network** **50% of the total cost for each Medicare-covered Primary Care Physician visit.**
Prosthetics/Medical Supplies	Out-of-Network 20% of the total cost for prosthetic and orthotic devices. 20% of the total cost for medical supplies.	**Out-of-Network** **50% of the total cost for prosthetic and orthotic devices.** **50% of the total cost for medical supplies.**

	2026 (this year)	2027 (next year)
Pulmonary Rehabilitation Services	Out-of-Network 20% of the total cost for Medicare-covered pulmonary rehabilitation services.	**Out-of-Network** **50% of the total cost for Medicare-covered pulmonary rehabilitation services.**
Remote Access Technologies (web/phone-based technologies and/or nursing hotline)	In-Network $0 copay for remote access technologies (nursing hotline).	**In-Network** **Remote access technologies benefit is not covered**
Skilled Nursing Facility (SNF) Care	In-Network $0 copay for days 1-20; $214 copay per day for days 21-100 for Medicare-covered SNF stays. Out-of-Network 20% of the total cost for Medicare-covered SNF stays.	**In-Network** **$0 copay for days 1-20; $217 copay per day for days 21-100 for Medicare-covered SNF stays.** **Out-of-Network** **50% of the total cost for Medicare-covered SNF stays.**
Special Supplemental Benefits for the Chronically Ill	$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.	**$100 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 20% of the total cost for Medicare-covered supervised exercise therapy services.	**Out-of-Network** **50% of the total cost for Medicare-covered supervised exercise therapy services.**

	2026 (this year)	2027 (next year)
Support for Caregivers of Enrollees	In- and Out-of-Network Support for caregivers of enrollees benefit is not covered.	**In-Network** **Support for caregivers of enrollees benefit provides caregiver training for members experiencing dementia or conditions that impact memory.**
Vision	In-Network $20 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. Out-of-Network 20% of the total cost for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. 20% of the total cost for Medicare-covered eye wear.	**In-Network** **$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.** **Out-of-Network** **50% of the total cost for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.** **50% 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.

We are changing the number of days in a long-term supply from a 90-day supply in 2026 to a 100-day supply in 2027. The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard and preferred cost sharing.

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:	$0 Your cost of a one-month mail-order prescription is $0	**$5** **Your cost of a one-month mail-order prescription is $5**
Tier 3 Preferred Brand:	$40 Your cost of a one-month mail-order prescription is $40	**$45** **Your cost for a one-month mail-order prescription is $45**
Tier 4 Non-Preferred Brand:	$100 Your cost for a one-month mail-order prescription is $100	**30% of the total cost** **Your cost for a one-month mail-order prescription is 30% of the total cost**
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 Heart & Diabetes (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 Heart & Diabetes (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 Heart & Diabetes (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 Heart & Diabetes (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 Arizona AIDS Drugs Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Arizona AIDS Drugs Assistance Program (ADAP) at 1-800-334-1540. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. 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 Heart & Diabetes (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 Heart & Diabetes (HMO-POS C-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.goldkidney.com or call Member Services at 1-844-294-6535 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.goldkidney.com**

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

Get Free Counseling about Medicare

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

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

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with 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.