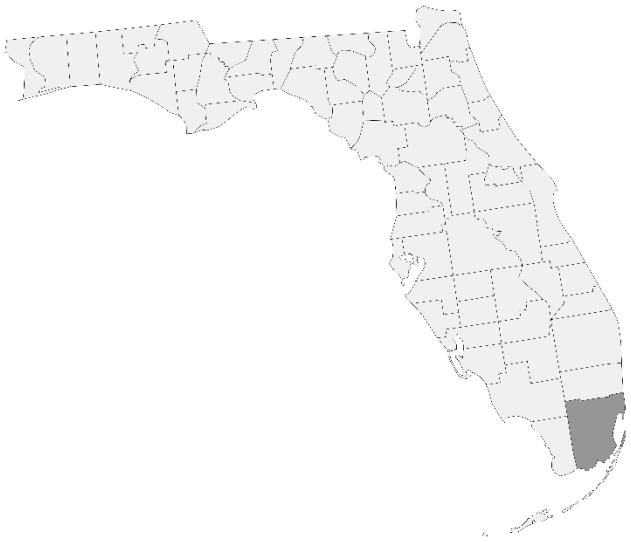
2027

Summary of Benefits

Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP)



This is a summary of Medicare health care and prescription drug coverage for Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP).

January 1 – December 31, 2027

Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP) is a Medicare Advantage HMO-POS Chronic Special Needs Plan (C-SNP) plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-844-294-6535 (TTY 711) and request the "Evidence of Coverage" or access it online at www.goldkidney.com.

To join Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Florida: Miami-Dade.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information:

- **CALL US AT**
  1 (844) 294-6535 (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 – Friday (except holidays)
- **VISIT US AT**
  www.goldkidney.com

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.goldkidney.com.

Premiums and Benefits	Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP)	
Monthly Plan Premium (includes both medical and drugs)	You pay $0 each month. You must continue to pay your Medicare Part B premium.	
Deductible	$0 for medical benefits. $0 for Part D benefits.	
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	In-Network $2,000 annually. Includes copays and other costs for in-network medical services for the year.	Out-of-Network $13,000 annually. Includes copays and other costs for out-of-network medical services for the year.
Inpatient Hospital	In-Network $50 copay per day for days 1-7; $0 copay per day for days 8-90	Out-of-Network 30% coinsurance per stay
Outpatient Hospital	In-Network $0 copay for diagnostic colonoscopy; $50 copay for all other services	Out-of-Network 30% coinsurance per visit
Ambulatory Surgical Center (ASC)	In-Network $0 copay for diagnostic colonoscopy; $50 copay for all other services	Out-of-Network 30% coinsurance
Doctor Visits Primary care provider Specialist	In-Network $0 copay $0 copay for nephrologists, cardiologists, and endocrinologists; $35 copay for all other specialists	Out-of-Network 30% coinsurance $0 copay for nephrologists, cardiologists, and endocrinologists; $35 copay for all other specialists
Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network $0 copay	Out-of-Network 30% coinsurance

Premiums and Benefits	Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP)	
Emergency Care	$120 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.	
Urgently Needed Services	$0 copay per visit	
Diagnostic Services/Labs/ Imaging/Radiology	In-Network	Out-of-Network
Diagnostic tests and procedures	$0 to $10 copay	30% coinsurance
Lab services	$0 to $10 copay	30% coinsurance
MRIs, CAT scans	$0 to $150 copay	30% coinsurance
X-rays	$0 copay	30% coinsurance
Therapeutic radiology services	20% coinsurance	30% coinsurance
Hearing	In-Network	Out-of-Network
Supplemental routine hearing exam	$0 copay Limit one (1) routine hearing exam per year	Not covered out-of-network
Fitting and evaluation for prescription hearing aids	$0 copay for unlimited visits every year	Not covered out-of-network
Hearing aids	$0 copay for Tier 1 $195 copay for Tier 2 $495 copay for Tier 3 $795 copay for Tier 4 $1,095 copay for Tier 5 $1,495 copay for Tier 6 Actual cost-share will depend on hearing aid selected	Not covered out-of-network
Gold Kidney contracts with a hearing services vendor to provide covered hearing benefits. Details and limits are available in the *Evidence of Coverage*.	3-year warranty, 3 years of follow-up provider visits, and 2 years of batteries Limit 1 hearing aid per ear per year	

Premiums and Benefits	Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP)	
Dental	In-Network	Out-of-Network
Preventive dental services	$0 copay for preventive dental exams $0 copay for cleanings $0 copay for fluoride treatments $0 copay for X-rays $0 copay for other preventive dental services received	Not covered out-of-network
Comprehensive dental services	$0 copay for restorative services $0 copay for endodontics services $0 copay for periodontics services 20% coinsurance for removable prosthodontics (dentures) limited to once every five years $0 copay for oral and maxillofacial surgery services $0 copay for adjunctive general services	Not covered out-of-network
Gold Kidney contracts with a dental services vendor to provide covered dental benefits. Details and limits are available in the *Evidence of Coverage*.	$3,000 allowance per year for preventive and comprehensive dental services combined	
Vision	In-Network	Out-of-Network
Supplemental routine eye exams	$0 copay	Not covered out-of-network
Routine eyewear	$300 maximum coverage amount every year for routine eyewear, including lenses, frames, or lenses and frames combined	Not covered out-of-network
Gold Kidney contracts with a vision services vendor to provide covered vision benefits. Details and limits are available in the *Evidence of Coverage*.	OR $115 every year for contact lenses (in lieu of glasses). The contact lens allowance applies to lens fitting/evaluation and contact lenses.	

Premiums and Benefits	Gold Kidney of Florida Gold Dialysis & Kidney (HMO-POS C-SNP)	
Mental Health Outpatient group therapy / individual therapy visit	In-Network $25 copay for individual sessions $10 copay for group sessions	Out-of-Network 30% coinsurance for individual sessions 30% coinsurance for group sessions
Skilled Nursing Facility (SNF)	In-Network $0 copay per day for days 1-20 $217 copay per day for days 21-100	Out-of-Network 30% coinsurance per stay
Physical and Speech Therapy	In-Network $10 copay	Out-of-Network 30% coinsurance
Chiropractor	In-Network $20 copay for Medicare covered visits $20 copay for routine visits. Limit 12 visits per year	Out-of-Network 30% coinsurance Not covered out-of-network
Ambulance	In-Network $220 copay for ground ambulance services. 20% coinsurance for air ambulance services.	Out-of-Network 30% coinsurance for ground ambulance services. 30% coinsurance for air ambulance services.
Medicare Part B Drugs	In-Network $35 copay for Medicare Part B insulin drugs. 0% to 20% coinsurance for Medicare Part B chemotherapy and radiation drugs. 0% to 20% coinsurance for other Medicare Part B drugs.	Out-of-Network 30% coinsurance for Medicare Part B insulin drugs. 30% coinsurance for Medicare Part B chemotherapy and radiation drugs. 30% coinsurance for other Medicare Part B drugs.

Prescription Drugs

This is a summary of prescription drug coverage and cost sharing for our plan. For more information, see the *Evidence of Coverage* on our website at www.goldkidney.com.

Deductible Stage					
You do not pay a deductible.					
Initial Coverage Stage					
You stay in the Initial Coverage Stage until you have paid $2,400 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).					
	Standard Retail Rx		**Long-term Care Rx**	**Out-of-Network Rx**	**Mail-Order Rx**
Day Supply	30-day	100-day	31-day	30-day	100-day
Tier 1 Preferred Generic:	$0	$0	$0	$0	$0
Tier 2 Generic:	$5	$15	$5	$5	$12
Tier 3 Preferred Brand:	$45	$135	$45	$45	$112
Tier 4 Non-Preferred Brand:	30%	30%	30%	30%	30%
Tier 5 Specialty Tier:	33%	N/A	33%	33%	N/A
Tier 6 Select Diabetic Drugs:	$0	$0	$0	$0	$0
Insulin drugs	$0	$0	$0	$0	$0
Catastrophic Coverage Stage					
You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this stage, you pay nothing for Part D drugs.					

Additional Benefits

For more information on limits and benefit details, see the *Evidence of Coverage* on our website at www.goldkidney.com.

Additional Benefits		
Durable Medical Equipment (DME)	In-Network 20% coinsurance for Medicare-covered DME	Out-of-Network 30% coinsurance
Transportation	$0 copay for 24 one-way trips per year. 50-mile max one-way limit per trip.	

Additional Benefits	
MA Uniformity Benefits for Chronic Conditions These benefits are available only to eligible members who are Chronic Kidney Disease (CKD) Stage 5 End-Stage Renal Disease (ESRD) on dialysis or kidney transplant.	
In-Home Support Services	60 hours of in-home support with home care tasks, transportation, light housekeeping, support during light exercise.
Dialysis Transportation Services	Unlimited number of trips to and from dialysis centers for members diagnosed with ESRD on dialysis. 42-mile max one-way limit per trip.
Supplemental Benefits for the Chronically Ill (SSBCI) These benefits are available only to eligible chronically ill members where the specific benefit has been determined to meet the reasonable expectation to improve the health or overall function of the member. Members must have a chronic illness and participate in the Plan's case management programs to receive these benefits.	
Monthly Healthy Food and Produce Allowance*	$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.
Smartphone & Data Plan*	$0 copay for smartphone and unlimited talk, text, and data package for eligible members who agree to participate in care management services provided by the health plan and its partners. First 10GB of mobile data at high speed; speeds reduced to 128 kbps after 10GB.
Quarterly OTC and Utilities Allowance*	$100 quarterly allowance to be used for the purchase of over-the-counter (OTC) items and/or paying utilities. Unused allowance does not roll over to the next quarter. Utility account information required.
Non-Medicare Covered In-Home Staff-Assisted Dialysis*	$0 copay for Non-Medicare Covered In-Home Staff-Assisted Dialysis. Eligible End-Stage Renal Disease (ESRD) members undergoing dialysis may qualify for in-home Staff Assisted Dialysis services when deemed medically necessary by their physician or the health plan provider. These services are coordinated through case management, which will refer members to participating providers to ensure appropriate and continuous care in the home. Referral required.

Gold Kidney Health Plan, Inc.®, is an HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

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

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