Staying Covered

A Guide to Kidney Disease Insurance Options

KidneySmart®
We’re Here to Help

Health insurance coverage is an important part of maintaining your financial health, as well as your overall peace of mind and quality of life when you have chronic kidney disease (CKD). It helps pay for the unpredictable, and helps ensure that physicians and hospitals can provide you treatment when you need it most.

Use this guide to get answers to your questions so you can feel confident your insurance is the right coverage for your kidney care needs.

Get help understanding insurance terms? If you see this icon next to a word, that means you can find the definition in the Key Terms to Know section on page 10 of this booklet.

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Get help answering your insurance questions: Contact the Patient Advocate Helpline at 1-888-405-8915

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Get to Know the Types of Insurance Coverage

Insurance pays for some of the costs associated with healthcare you and your family receive. There are many types of health insurance plans, and it’s important to understand their differences so you can choose the best option for your specific health needs. Open enrollment is a time when you can compare your health insurance options and decide which is best for you. Enrolling during this period will ensure coverage for the year.

**Employer Group Health Plan (EGHP)**

Medical insurance provided by your employer is called an employer group health plan. If you’re retired and receive medical benefits from your former employer as part of your pension plan, this is also considered an EGHP. Many EGHPs will cover all or some of your doctor, hospital, dialysis and prescription costs, leaving you responsible for paying only the deductible, coinsurance or co-pay. It’s likely that your employer will pay a portion of the premium and you will see the remainder of the cost as a deduction from your paycheck. **Coverage varies based on the plan.**

**COBRA**

If you lose your insurance because of job loss, reduced hours or another life event, such as divorce or the death of a spouse/domestic partner, you may be able to extend your existing insurance coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA is the same health insurance you have through your EGHP, but your premium costs increase when you elect COBRA because your employer is no longer paying part of the premium. There’s also a limit to how long you can maintain this coverage. You may, however, qualify for a premium assistance program.

**Individual Coverage**

If you do not have access to an EGHP, Individual Coverage may be a good option. There are two primary ways to buy Individual Coverage – which is available both as an individual plan (covering just you) or as a family plan.

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Stay Employed & Stay Insured If Your Kidneys Stop Working

Keeping your job and health insurance may be one of the best ways to maintain your quality of life, even if your kidney disease gets worse. It also may offer the best financial coverage for transplant or your dialysis treatments if you need them. Plus, studies show that patients on dialysis who continue to work after starting treatment are **21 percent less likely to suffer from depression** and **two times more likely to receive a transplant.**


Looking for Personal Medical Insurance?

Visit Healthcare.gov to explore your options.
1. Via marketplaces created by the Affordable Care Act: ①
   • These marketplaces, or exchanges, provide a variety of options from several carriers that you can select from based on your specific needs. Depending on your income and other factors, you may also be eligible for subsidies and tax credits that can reduce or eliminate the cost to you.
   • You must be a citizen or legal resident to enroll in a marketplace plan.
   • If you are enrolled in Medicare, you are not eligible to enroll in a marketplace plan.
   • Important note: If you enroll in a marketplace plan and later enroll in Medicare, Medicare will become your primary carrier. Keep this in mind if you are considering Medicare enrollment.

2. Via insurance carriers directly:
   • Many insurance carriers will sell coverage directly to you.
   • Although you won’t have the same options to choose from that you would on the marketplace, going directly to a carrier to buy individual coverage may be a good option if you don’t qualify for marketplace subsidies, if you do not have documentation of legal residency or if you are already enrolled in Medicaid but would prefer to enroll in commercial coverage.

Medicare ④

Medicare isn’t just for people who are 65 or older. It’s also for people of any age with end stage renal disease (ESRD) who need a transplant or dialysis and meet the following requirements:

   • Paid the required amount in Social Security and Medicare taxes through their job.
   • Are the spouse or a dependent of someone who qualifies for Medicare because they have paid the required amount into Social Security.

Medicare will pay 80 percent of covered medical costs. You will be responsible for paying the remaining 20 percent.

Medicare is run by the Social Security Administration. You will need to sign up by phone or mail — it’s not automatic. There are four parts:

1. Part A: Medicare Part A is hospital insurance. If you need to be admitted into a hospital, Medicare will help cover some of those costs. Medicare will also help cover the costs of a skilled nursing facility and hospice care as well as some home healthcare. Usually there is no premium cost associated with Medicare Part A coverage.

2. Part B: Medicare Part B pays for doctor’s appointments, outpatient dialysis and other services that Part A does not cover. Also, Part B charges a premium. If you stop paying your premium, your Part B coverage will terminate and will not assist you with outpatient services. Unlike Medicare Part A, there is a premium cost associated with Medicare Part B.

3. Medicare Advantage (sometimes referred to as “Part C”): A Medicare Advantage (MA) plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Most MA plans also offer prescription drug coverage. These plans typically require you to pay a fixed co-pay for treatment instead of 20 percent of the cost of care charged by Medicare. In order to join an MA plan, you must meet one of the following criteria in addition to being eligible for Medicare:
- You were already enrolled in an MA plan prior to being diagnosed with ESRD.
- You have an employer plan through a company that offers MA plans.
- You’ve had a successful kidney transplant.

4. **Part D:** Medicare Parts A and B don’t cover most medications. Medicare Part D is prescription drug coverage open to people on Medicare. If you elect this coverage, you pay a yearly deductible, a monthly premium and co-payments for your drugs. For most Medicare Prescription Drug Plans, there is an annual “donut hole,” or coverage gap, that limits what the plan will cover for assistance drugs. Not everyone will enter the coverage gap and the gap begins after you and your drug plan have spent a certain amount for covered drugs. For most people with ESRD, there are prescriptions that aren’t covered by Medicare.

**Medigap/Medicare Supplement**

Because Medicare covers only 80 percent of all medical expenses, you may also be eligible for a Medigap/Medicare Supplement plan. These plans cover the remaining 20 percent of Medicare-covered services. In most cases, you will have a premium to pay for these plans and a window of time for application. The best time to buy a Medigap policy is during your six-month open enrollment period. If you apply during this period, you can buy any Medigap policy that the company sells, even if you have health conditions.

**Medicaid**

Medicaid is health insurance coverage that’s provided by your state. The eligibility criteria and plan coverage are state-specific, and typically based on a combination of financial and medical need. Medicaid benefits will cover only services rendered by providers who accept Medicaid and typically will not cover services outside your state.

**Other Government Coverage**

Active and inactive military personnel and their families may be eligible for benefits offered by TRICARE or the Department of Veteran Affairs (VA). Coverage levels vary and should be verified for each medical service you need.
What the Various Types of Insurance Cover

Although benefits may vary depending on the specific plan, this chart will give you a general idea of what may be covered by the various types of insurance. Always verify your benefits with your insurance company to be sure.

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<thead>
<tr>
<th></th>
<th>Hospitalization</th>
<th>Doctor Visits</th>
<th>Prescriptions</th>
<th>Transplant</th>
<th>Dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Plan (EGHP)</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
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<td>Individual Plan</td>
<td>✓</td>
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<tr>
<td>Medicare Part A</td>
<td></td>
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<tr>
<td>Medicare Part B</td>
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<tr>
<td>Medicare Part D</td>
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<tr>
<td>Medicaid</td>
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<td>Other Government Plans</td>
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How Does Your Insurance Stack Up?

After reading through the various kinds of insurance, you might be wondering, “Is there a better coverage option than what I currently have?” You may be able to find the answer in two simple steps.

Step 1: Call and Verify Your Insurance

The back of your insurance card should list a subscriber or benefits number. When you call that number, have the following information handy:

- Your name and date of birth
- Policy holder’s name and date of birth (if not you)
- Insurance ID number
- Group number
- Effective date of insurance

Once you reach an insurance representative, verify the dollar amount or percent for the in-network and out-of-network services that are most important to you. Here is a general list that you can use as a starting point.

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
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<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
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<tr>
<td>Emergency Room</td>
<td></td>
<td></td>
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<tr>
<td>Doctor Visit</td>
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<td></td>
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<tr>
<td>Specialist Visit</td>
<td></td>
<td></td>
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<tr>
<td>Transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Patient/Hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptions</td>
<td></td>
<td></td>
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<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>
Step 2: Do a Cost-Coverage Comparison

Although premium costs should be a consideration when choosing an insurance plan, it’s important to remember that they’re not the only factor. Find out if the plan is going to fit your health needs and not leave you with unexpected, uncovered expenses that may cost you more in the long run. Deductibles, coinsurance and co-pays can add up over a year’s time in the form of out-of-pocket costs.

You can use the worksheet below as a starting point to help you do a cost-coverage comparison among plans:

<table>
<thead>
<tr>
<th></th>
<th>My Plan</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Premium</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Annual Co-pays*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Annual Prescription Costs*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (anything else not included in OOP max)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANNUAL TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If not included in out-of-pocket maximum

Cost Comparison

Compare the cost of each plan by placing in each box the cost associated with the various aspects of the plan.

Coverage Comparison

Compare the benefits of each plan by placing a check in each box if the plan provides the benefit.

Get help answering your insurance questions: Contact the Patient Advocate Helpline at 1-888-405-8915 or another insurance specialist to weigh all your options.
Common Insurance Questions

Hopefully this booklet has helped you better understand your current insurance benefits as well as the different insurance options that may be available to you. However, you may still have questions. Be sure to relay all insurance coverage information to your healthcare provider or social worker.

Here are answers to some questions you may have right now:

**What insurance coverage is best for me?**
That depends on your personal medical situation and healthcare needs. However, if possible, retaining your employer group health plan (EGHP) may be your best option for lower out-of-pocket costs and broad coverage for yourself and your family.

**How often can I change my insurance coverage?**
It depends on what type of coverage you have. Most insurance plans have an open enrollment period once a year that allows you some time to re-evaluate your coverage and make changes. To find out if and when your specific plan’s open enrollment period is, contact your insurance provider or your employer’s human resources department.

**If I don’t currently have insurance, can I still get coverage if I have CKD?**
One of the goals of The Affordable Care Act is to eliminate the ability for insurance providers to deny coverage based on pre-existing conditions. During open enrollment periods, you can find insurance plans for purchase in your area by visiting Healthcare.gov or reach out to a Patient Advocate.

**My insurance coverage is through my employer and I’m not feeling well enough to work. How will my insurance be impacted if I quit my job?**
First, it’s important to know your rights and options that help extend your employment benefits through times when you’re not feeling well enough to work. Leave of absence options include the Family Medical Leave Act (FMLA), Short-Term Disability (STD) and Long-Term Disability (LTD). If you do quit your job, you may be able to extend your insurance coverage through COBRA. If you are in this situation, you may want to explore all of your options before making a decision. A Patient Advocate (1-888-405-8915) may be able to help.
Key Terms to Know

**Affordable Care Act:**
A United States federal statute, which went into effect in 2014, aims to provide more Americans with access to affordable health insurance, regulate the health insurance industry and reduce healthcare spending.

**Coinsurance:**
The percentage of costs you pay (e.g., 20 percent of the bill) once you meet your deductible.

**Consolidated Omnibus Budget Reconciliation Act (COBRA):**
A law passed by the United States Congress in 1985 that mandates an insurance program that gives some employees the ability to continue health insurance coverage after leaving a job.

**Co-pay:**
The fixed amount you pay for a service (e.g., $15 for a doctor visit) at the time you receive it.

**Deductible:**
The amount you pay to your insurance provider each year before your insurance starts paying for your care.

**Medicaid:**
A national social insurance program, administered by the state, that provides coverage for individuals and families with low income and resources.

**Medicare:**
A national social insurance program, administered by the United States federal government, that guarantees access to health insurance for Americans age 65 or older who have worked and paid into the system, and younger people with disabilities and certain health conditions, including ESRD.

**Network:**
A group of physicians, hospitals and other healthcare providers that agree to provide medical services at pre-negotiated prices and rates. To understand more about your in-network and out of network benefits, call 1-888-405-8915.

**Open Enrollment:**
The designated period of time, typically occurring once a year, when employees of companies and organizations can enroll in or make changes to their health insurance.

**Out-of-Pocket Maximum:**
The most you will have to pay for covered medical expenses in a plan year before your insurance plan begins to pay 100 percent of covered medical expenses.

**Patient Advocate:**
A specialist in insurance resources and navigating employment issues for people with kidney disease.

**Premium:**
The amount you pay to your insurance provider each month for coverage.
Knowledge Is Power

Sir Francis Bacon said this, and with CKD, it’s absolutely true. The best thing you can do to take control of your health is to learn as much as you can. Now that you have a little more information about insurance, you can arm yourself with even more CKD-related knowledge by exploring the resources below.

**American Diabetes Association**
Information on diabetes and kidney disease  
[Diabetes.org](http://Diabetes.org)

**American Heart Association**
Information on high blood pressure and kidney disease  
[Heart.org](http://Heart.org)

**American Kidney Fund**
Provides educational programs, clinical research and community service projects  
[KidneyFund.org](http://KidneyFund.org)

**Baxter Home Dialysis**
Online support groups and information on home therapies  
[LiveNow.info](http://LiveNow.info)

**Centers for Disease Control and Prevention**
Information on diabetes and kidney disease  
[Heart.org](http://Heart.org)

**DaVita Diet Helper™**
1,000+ kidney-friendly recipes for quick and easy meal planning  
[DaVita.com/DietHelper](http://DaVita.com/DietHelper)

**DaVita Village Trust**
A nonprofit foundation that advocates for people with kidney disease and their families  
[DaVitaVillageTrust.org](http://DaVitaVillageTrust.org)

**Dialysis Finder**
Nationwide dialysis center locator  
[DialysisFinder.com](http://DialysisFinder.com)  
1-800-889-6019

**Home Dialysis Central**
Important information about doing dialysis at home  
[HomeDialysis.org](http://HomeDialysis.org)

**Kidney Smart®**
No-cost kidney disease education program open to the community and cities across the U.S.  
[KidneySmart.org](http://KidneySmart.org)

**Patient Advocate Helpline**
A resource for people with CKD  
1-888-405-8915

**Working on Dialysis**
A resource for working patients  
[KidneySmart.org/Working](http://KidneySmart.org/Working)
Get help answering your insurance questions:
Contact the Patient Advocate Helpline at
1-888-405-8915