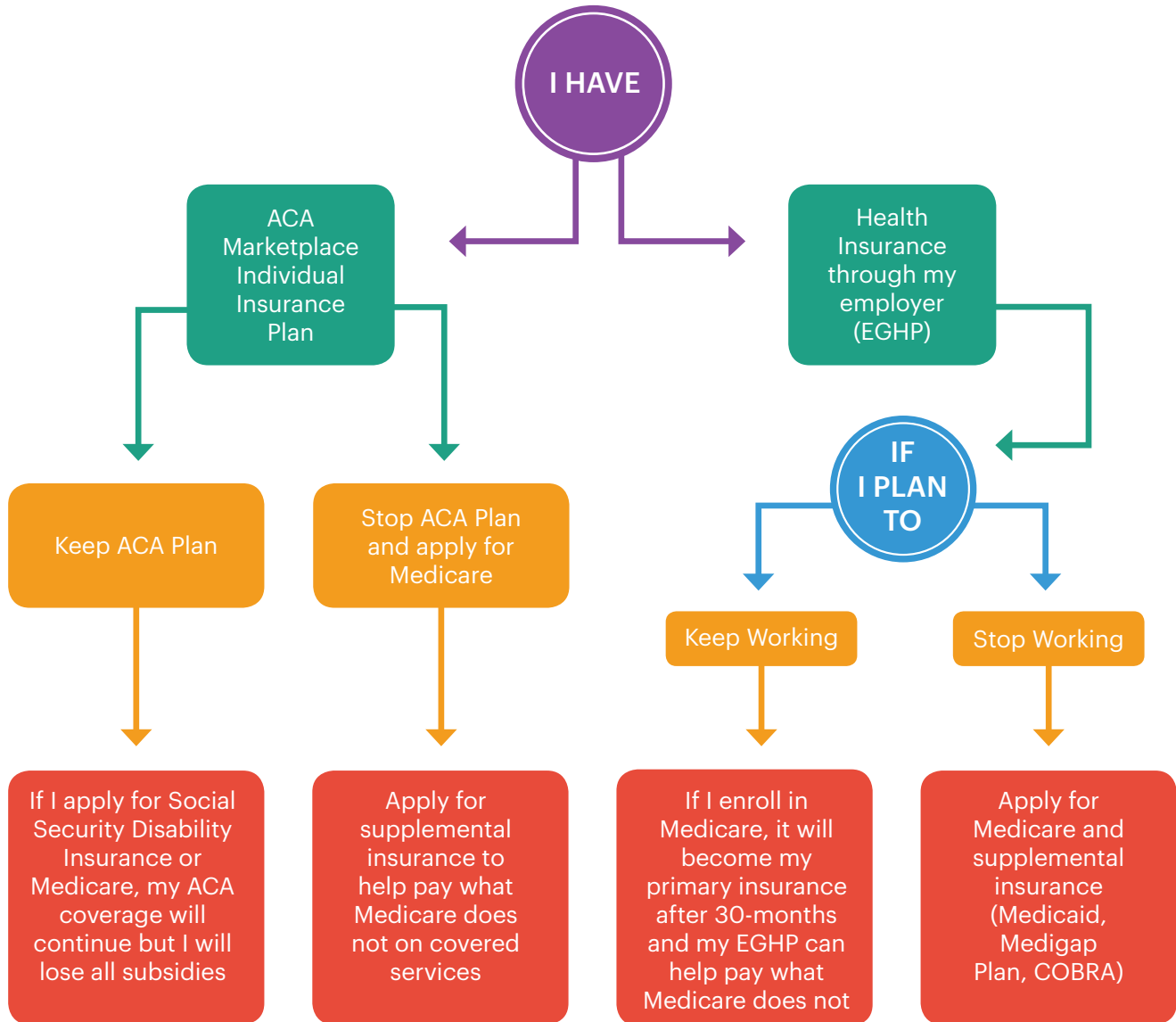


# DIALYSIS AND TRANSPLANT INSURANCE CHOICES FOR PEOPLE WITH PRIVATE INSURANCE



*Transplant recipients also have an option to sign up for a Medicare Advantage plan.*

## YOU HAVE A CHOICE!

Because everyone's situation is different, you will need to do some research before you decide between your current insurance plan or Medicare. For some people, keeping your current insurance will be the best option. For others, switching to Medicare may be more cost effective.

Need help? Talk to your social worker or contact NKF Cares at 1.855.653.2273 or [nkfcare@kidney.org](mailto:nkfcare@kidney.org). They can direct you toward other tools and resources, and help you make a decision that is right for you.

## KEY FACTS TO CONSIDER

- Most patients with kidney failure (ESRD) are eligible for Medicare. But not everyone. To be eligible, you must have worked enough years (based on your age) and paid Medicare taxes.
- Medicare covers 80% of the cost of dialysis and immunosuppressant medications needed after transplant.
- Medicare Supplement plans (Medigap plans) are not available to people under age 65 in every state. Check with your State Health Insurance Assistance Program (SHIP).
- ACA plans may have limited networks. Before choosing a plan, find out if your healthcare providers are included in your plan's network. This includes your hospital, specialists, pharmacy, dialysis center, and transplant center. If you choose to see an out-of-network provider, it will cost you much more! [Use NKF tools to help you figure out the cost associated with your ACA plan.](#)
- If you apply for Medicare or if you receive income or disability from Social Security, you will lose any subsidies you receive from your ACA Marketplace coverage.
- If you have health insurance through your employer (EGHP), and you enroll in Medicare, it will be your primary insurance after 30 months. This is called a "coordination of benefits"(COB) period. There is no penalty if you enroll within the 30-month COB period. Medicare covers 80% of the cost of dialysis. To cover the other 20%, you can keep your EGHP. If you lose your job, you can apply for COBRA or a Medigap plan, if available in your state.
- A COB period does not apply to individual insurance plans purchased through the ACA Marketplace. This means your insurance company cannot require you to apply for Medicare. But if you choose not to apply, you could be subject to a late enrollment penalty if you change your mind later. You also may not be eligible to purchase a Medigap plan if you delay your Medicare enrollment.
- If you enroll in Medicare part A only, and later decide to apply for part B, you can only enroll January–March each year and you will face a 10% part B premium penalty for each 12 month period you delay enrolling in part B after signing up for part A.

## HOW TO DECIDE WHETHER TO KEEP YOUR CURRENT INSURANCE OR SWITCH TO MEDICARE

This will require some research on your part. You may want to create a chart (see example below) to compare your costs. In one column, list what Medicare covers and costs. In the other column, list what your current plan covers and costs. Average Medicare costs are listed below; actual cost may vary.

	MY CURRENT PLAN	MEDICARE COSTS (2015) 1.800.MEDICARE
What does my plan cover?	(for example: medication, dental, vision)	<a href="#">What Medicare Covers</a> 80% of outpatient dialysis costs
How much do I pay a month (premium)?		Part A–Free Part B–\$104.90 Part D–Costs vary
What is my deductible?		Part A–\$1,260/hospitalization Part B–\$147/year + Part D–Varies by plan
What are my coinsurance or my copayment? (Plans charge either a co-insurance OR a co-pay for doctor's appointments and medication. Coinsurance is usually a % of the cost while co-payment is usually a set dollar amount)		<a href="#">Part A–Daily copays for hospitalizations &gt; 60 days</a> <a href="#">Part B–20% coinsurance for most medical appointments. (Medigap, Medicaid, or other insurance may pay all or part.)</a> <a href="#">Part D varies by plan.</a> <a href="#">Search for and compare Part plans.</a>
What is my out of pocket maximum?		None

## GLOSSARY

**ACA Marketplace:** The Affordable Care Act Health Insurance Marketplace, helps people without health coverage find and enroll in an insurance plan that fits your budget and meets your needs.

**COBRA:** Allows an eligible employee who leaves a company to continue to be covered under the company's health plan for a limited period of time for a higher premium.

**Coinsurance:** Amount you may still need to pay after meeting your deductible. Co-insurance is most often a percent (i.e. 20%).

**Copayment (copay):** Amount you may have to pay for healthcare or medications. A copay is often a fixed amount (i.e. \$25).

**Deductible:** Amount you must pay for healthcare or medications before your insurance will pay.

**Employer group health plan (EGHP):** Coverage sponsored by an employer or union.

**Medigap Plan:** A secondary insurance policy to help pay Medicare's 20% coinsurance. Plans can be purchased through private insurance companies. You can sign up for a

Medigap plan in the six month period after you enroll in Medicare

**Premium:** Amount to be paid monthly or quarterly to keep the health insurance plan active.

**SHIP:** State Health Insurance Assistance Program.

**Out of pocket maximum:** The most you'll have to pay during a period (usually a year), once you reach the out of pocket maximum your plan pay 100% of covered services.