Millions of Americans depend on health insurance to help pay their medical costs. If you have chronic kidney disease (CKD), you may depend on health insurance even more—and worry about what will happen if you lose your job and your group health insurance. Can you take a new job and get group health insurance from your new employer? The information in this chapter will answer this important question and others—and help set your mind at ease. The next chapter has information about Medicare, which, if you qualify, can work with your health insurance, and can help if you don’t have health insurance at work.

What your health insurance will pay for

If you have an individual health insurance plan, or one through your employer, consider talking with the health insurance company you bought your plan from, or with the person at your job who is the contact for health insurance questions. (If you are worried that this might put your job or insurance in jeopardy, be sure to read your policy and “Protecting your right to work” on page 15.) Ask for a detailed list of kidney disease treatments your plan covers, such as doctors’ visits, drugs, and lab tests, and make sure the plan will pay bills from the doctors, dialysis centers, and other providers you use (they may have to be on the plan’s “approved list” or be “in network”).
Will your insurance pay the full cost of these services? If not, how much will you have to pay, including deductibles, coinsurance, and co-payments? Ask if there are limits on the amount the plan will pay each year and over your lifetime. The ideal plan has unlimited lifetime limits so you won’t lose coverage.

Compare this information with what Medicare will pay for your medical treatments, if you qualify (see “Medicare—for people with a work history,” on page 18).

If you change jobs

What if a great new job comes along? Will the new employer offer you health insurance if you have kidney disease? Will the employer’s plan pay your kidney disease expenses? Thanks to the Health Insurance Portability and Accountability Act (HIPAA), the answer can be yes, if the new employer has at least two current employees. If it does, you can only be denied coverage if you don’t already have health insurance, you’ve gone 63 days or longer without health insurance, your new company’s plan does not cover CKD treatment, or employees in similar jobs are not offered health insurance. If none of these conditions apply, you can’t be turned down for insurance just because you have a “pre-existing condition,” CKD, and you can’t be denied coverage for kidney disease costs.

If you don’t have health insurance

If you need dialysis or a transplant, Medicare may pay many of your medical costs, but not all of them. Your social worker can tell you about programs that can help pay costs that Medicare doesn’t cover, such as Medigap (Medicare supplement plans), Medicaid (see page 32), a health insurance program for people with low income and limited assets, or a state high-risk insurance pool for uninsured people. There may be free health clinics that can provide some medical services. Many drug companies offer drugs free or at discounts to people who can’t afford them and don’t have health insurance that pays for drugs. You’ll find a list of hundreds of those programs on the Web site of the Partnership for Prescription Assistance at www.pparx.org, as well as at www.rxassist.org. Chapter 7 explains a number of additional financial resources for people with kidney failure.
You may have a waiting period before the new plan will pay your kidney disease medical costs specifically, but HIPAA limits the waiting period to between 12 and 18 months. You may have met all or part of this new waiting period with your “creditable” health insurance coverage from another group plan, Medicare, or Medicaid. You can ask your new employer for information about HIPAA, or read about it online at www.dol.gov/ebsa. Click Portability of Health Coverage (HIPAA). Be sure you understand how HIPAA applies to you before changing health plans. HIPAA doesn’t apply if you want to switch from one individual health plan to another.

Get a written certificate of creditable coverage when you leave any health plan. The certificate should list your coverage dates, policy number, insurer’s name and address, and family members included under your coverage.

Many federal, state, and local agencies provide employee health-insurance plans that do not have pre-existing condition limitations.

If you lose your job

What happens if you lose your group health insurance because you are laid off, become too ill to work, or your work hours are reduced? If your company has 20 employees or more, you may be able to keep your health insurance coverage for a limited time under the government’s Consolidated Omnibus Budget Reconciliation Act (COBRA). See the table, “COBRA coverage,” on page 16. Your cost will go up because you will probably have to pay the full premium, including the amount once paid by your employer. COBRA also lets you keep health insurance when you are between jobs, which can help you get coverage for kidney disease more quickly from a new employer. See “If you change jobs” on page 13.

Your employer must tell you how to take advantage of COBRA if it’s available. Although your premiums may be higher, your coverage will be the same as current workers. Your premiums will be due monthly. Family members covered under your plan can decide separately to take COBRA, so, if your spouse or dependent child has CKD, you can choose coverage for them alone. If you are eligible for Medicare, you can still take advantage of COBRA, but, if you sign up for Medicare after starting COBRA, you may lose COBRA coverage. If you have any concerns, call the Department of Labor Employee Benefits Security Administration (EBSA) at 1-866-444-3272. You can read the booklet, An Employee’s Guide to Health Benefits under COBRA, online at www.dol.gov/ebsa. Click Publications/Reports and then the publication title.
Protecting your right to work

If you’re qualified for a job and can do it, you cannot be fired or turned down when applying just because you have kidney disease. You don’t even have to tell an employer about your illness if it will not interfere with your ability to do the job. This protection is provided by the Americans with Disabilities Act (ADA) and all businesses with 15 or more employees must follow this law. The ADA also requires these businesses to make changes in their jobs and workplace to meet disabled employees’ needs. Offering flexible work hours, for example, makes it easier for anyone with kidney disease or a transplant to take time off for medical appointments. Businesses get federal tax credits for hiring individuals with disabilities through state Vocational Rehabilitation agencies or private companies called Employment Networks and for making workplace changes to accommodate them.

If you are temporarily unable to perform essential job functions as defined by the ADA because of kidney disease, you may be eligible to take up to 12 weeks of unpaid leave according to the Family and Medical Leave Act (FMLA). FMLA applies to companies with at least 50 full- or part-time employees. You can take the time all at once or spread over a 12-month period. If you are taking care of a parent, spouse, or child with CKD, you also can take unpaid leave under FMLA. To learn more, go to www.dol.gov, click Family and Medical Leave Act, and then FAQ. If you feel you are being treated unfairly because you have kidney disease, contact the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000 or go online to www.eeoc.gov.

There is a program similar to COBRA for federal government workers called Temporary Continuation of Coverage (TCC). Ask your personnel office about this program and request a copy of Temporary Continuation of Coverage Under the Federal Employees Health Benefits Program, Pamphlet RI 79-27. You also can learn about TCC online at www.opm.gov. Click Quick Index, then Federal Employees Health Benefits, and then Temporary Continuation of Coverage.

What if your COBRA coverage runs out before you find a new job or you can’t get COBRA because your company doesn’t have to offer COBRA benefits? Check out “Health insurance through your state” on page 16 and “If you don’t have health insurance” on page 13.
Coobra  Coverage

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<th>If This Happens</th>
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<tr>
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<td>You, spouse, dependent children</td>
<td>18 months; you pay 102% of premium, which is the employer’s portion and the worker’s portion</td>
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<tr>
<td></td>
<td></td>
<td>29 months if you’re disabled before or within 60 days of becoming eligible for COBRA; you pay 102% of premium for the first 18 months and 150% for the next 11 months</td>
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<td>You go on Medicare</td>
<td>Your spouse, dependent child, but not you</td>
<td>You could lose COBRA, but your spouse and dependent child can keep coverage for up to 36 months; you pay 102% of premium, which is the employer’s portion and the worker’s portion</td>
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<td>Your child is no longer a dependent as defined by your health plan</td>
<td>Young adult</td>
<td>Up to 36 months; you pay 102% of premium, which is the employer’s portion and the worker’s portion</td>
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</tbody>
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Health insurance through your state

Your state may have health insurance laws that give people with chronic diseases better ways to buy, change, or continue health-insurance coverage than private insurance. One source of information on those laws is The Georgetown University Health Policy Institute’s A Consumer Guide for Getting and Keeping Health Insurance. There’s a guide for each state and the District of Columbia online at www.healthinsuranceinfo.net. Another good source is the Kaiser Family Foundation Web site, www.statehealthfacts.org. Click Managed Care & Health Insurance and then State COBRA Expansions to see a state-by-state description of programs.

You also can check with your state insurance department. For a state-by-state listing, visit the National Association of Insurance Commissioners (NAIC) Web site at www.naic.org. Click State Insurance Web sites on the map, and then your state. Or, call the NAIC Help Desk at 1-816-783-8500.
“I have been on dialysis for 20 years and I recommend that people with kidney disease keep working if they can. You’ll have a better quality of life if you’re working—better than if you’re just going to dialysis three times a week. Working keeps your mind sharp. You might have to push yourself some days, but you’ll feel better in the long run. I work a full-time job and my employer gives me the time off I need.”

Susan Kosalko