



Staying Covered

A Guide to Kidney Disease Insurance Options





We're Here to Help

Table of Contents

- 3 Get to Know the Types of Insurance Coverage
- 6 What Insurance Covers
- 9 How Does Your Insurance Stack Up?
- 11 Common Insurance Questions
- 12 Key Terms to Know
- 13 Additional Resources

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). Continuing to work can help provide health insurance coverage, which may help pay for medical costs so you can receive 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.



Need 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 12 of this booklet.

Get to Know the Types of Insurance Coverage

Insurance pays for some of the costs associated with health care 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 next year.

Employer Group Health Plan (EGHP)

EGHP is medical insurance provided by your employer. 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 the deductible ⓘ , coinsurance ⓘ or co-pay ⓘ . It's likely that your employer will pay a portion of the premium ⓘ . You will see the remainder of the cost as a deduction from your paycheck. Coverage varies based on the plan.

Consolidated Omnibus Budget Reconciliation Act (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 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 an option. There are two primary ways to buy Individual Coverage—as an individual plan (covering just you) or as a family plan.

1. Via marketplaces created by the Affordable Care Act: ⓘ
 - 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: It is possible that enrolling in Medicare after enrollment in a marketplace plan could terminate your marketplace coverage; make sure to check with your insurance provider before making decisions regarding Medicare. 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 an 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 ⓘ

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 health care. 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 depending on where you live. These plans generally 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 Medigap open enrollment period. This period lasts for 6 months and begins on the first day of the month in which you're 65 or older and enrolled in Medicare Part B. Some states have additional open enrollment periods, including those for people under 65. 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.

American Indians and Alaska Natives may qualify for health benefits through Indian Health Services (IHS), an agency within the Department of Health and Human Services that provides federal health services to qualifying individuals.

What Insurance Covers

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.

	Hospitalization	Doctor Visits	Prescriptions	Transplant	Dialysis
Employer Plan (EGHP)	✓	✓	✓	✓	✓
COBRA	✓	✓	✓	✓	✓
Individual Plan	✓	✓	✓	✓	✓
Medicare Part A	✓			✓	
Medicare Part B		✓		✓	✓
Medicare Part D			✓		
Medicaid*	✓	✓	✓		✓
Other Government Plans	✓	✓	✓	✓	✓

*Not all Medicaid programs include transplant benefits, and those that do would be limited to services in your state.

Benefits Assistance Program: State Health Insurance Program Directory

Through the Benefits Assistance Program—run by the local State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) offices—counselors provide no-cost, unbiased Medicare benefits counseling services and personalized enrollment assistance in Medicare and Medicaid.

Counselors can also provide application assistance for state help in paying for Medicare premiums, and may also assist with obtaining help in paying for Part A, Part B and Part D deductibles, coinsurance and copayments if certain income and resource limits are met. Counselors can also help detect, avoid and prevent health care fraud.

This program is available at no cost to aid Medicare-eligible individuals, as well as their families and caregivers.



State Health Insurance Assistance Program

State	State Health Insurance Assistance Program
Alabama	1-800-243-5463
Alaska	1-800-478-6065
Arizona	1-800-243-5463
Arkansas	1-800-224-6330
California	1-800-434-0222
Colorado	1-888-696-7213
Connecticut	1-800-994-9422
Delaware	1-800-336-9500
Florida	1-800-963-5337
Georgia	1-866-552-4464
Hawaii	1-888-875-9229
Idaho	1-800-247-4422
Illinois	1-800-252-8966 x2
Indiana	1-800-452-4800
Iowa	1-800-351-4664
Kansas	1-800-860-5260
Kentucky	1-877-293-7447
Louisiana	1-800-259-5300
Maine	1-877-353-3771
Maryland	1-800-243-3425
Massachusetts	1-800-243-4636
Michigan	1-800-803-7174
Minnesota	1-800-333-2433
Mississippi	601-359-4500
Missouri	1-800-390-3330
Montana	1-800-551-3191

State	State Health Insurance Assistance Program
Nebraska	1-800-234-7119
Nevada	1-800-307-4444
New Hampshire	1-866-634-9412
New Jersey	1-800-792-8820
New Mexico	1-800-432-2080
New York	1-800-701-0501
North Carolina	1-855-408-1212
North Dakota	1-800-247-0560
Ohio	1-800-686-1578
Oklahoma	405-521-6628
Oregon	1-800-722-4134
Pennsylvania	1-800-783-7067
Rhode Island	1-401-462-0510
South Carolina	1-800-868-9095
South Dakota	1-800-536-8197
Tennessee	1-888-643-7811
Texas	1-800-252-9240
Utah	1-800-541-7735
Vermont	1-802-241-0294
Virginia	1-800-552-3402
Washington	1-800-562-6900
Washington, D.C.	202-724-5626
West Virginia	1-877-987-4463
Wisconsin	1-800-242-1060
Wyoming	1-800-856-4398

State and U.S. Territory Health Insurance Assistance Program	
Guam	1-671-735-7421
Puerto Rico	1-877-725-4300
Virgin Islands	1-340-772-7368 1-340-714-4354 (St. Thomas)

Contact your state's health insurance assistance program or visit [Medicare.gov/Contacts](https://www.Medicare.gov/Contacts) to learn more today.

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.

	In Network	Out of Network
Deductible		
Coinsurance		
Emergency Room		
Doctor Visit		
Specialist Visit		
Transplant		
In-Patient/Hospitalization		
Outpatient Dialysis		
Annual Maximum		
Prescriptions		
Vision		
Dental		
Other		

Step 2: Do a Cost-Coverage Comparison

Although premium costs should be considered 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 should consider a plan's annual out-of-pocket maximum and how much you have to pay out-of-pocket until the plan begins to pay 100 percent of the covered expenses.

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

Cost Comparison

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

	My Plan	Option 1	Option 2
Annual Premium			
Annual Out-of-Pocket Maximum ⓘ			
Deductible*			
Estimated Annual Co-Pays*			
Estimated Annual Prescription Costs*			
Other (anything else not included in OOP max)			
Annual Total			

* If not included in out-of-pocket maximum

Coverage Comparison

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

	My Plan	Option 1	Option 2
Hospitalization			
Doctor Visits			
Specialist Visits			
Prescriptions			
Transplant			
Out-Patient Dialysis			
Other			

Need More Help Comparing Insurance Plans?

Call the Patient Advocate Helpline at 1-888-405-8915 or another insurance specialist to help weigh all your options.

Common Insurance Questions

Hopefully by now you have a better understanding about 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 health care 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 health care needs. However if you already have an EGHP, if possible, retaining your 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](https://www.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. Call a patient advocate at **1-888-405-8915** to see if they can 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 health care 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 U.S. 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 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 health care providers that agree to provide medical services at pre-negotiated prices and rates.

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.

Additional Resources

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 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

American Heart Association

Information on high blood pressure and kidney disease
Heart.org

American Kidney Fund

Educational programs, clinical research and community service projects
KidneyFund.org

Baxter Home Dialysis

Online support groups and information on home therapies
LiveNow.info

Centers for Disease Control and Prevention

Information on diabetes and kidney disease
CDC.gov

Home Dialysis Central

Important information about doing dialysis at home
HomeDialysis.org

Kidney Smart®

No-cost kidney disease education program open to the community across the U.S.
KidneySmart.org

Patient Advocate Helpline

An educational resource to help people with CKD understand their insurance and work/leave options.
1-888-405-8915



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 depression¹ and two times more likely to receive a transplant.²

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



Charlie, working dialysis patient

Looking for personal medical insurance?

Visit [Healthcare.gov](https://www.healthcare.gov) to explore your options.

1. Kutner NG, Zhang R, Huang Y, Johansen KL. *Depressed mood, usual activity level, and continued employment after starting dialysis.* Clin J Am Soc Nephrol 2010; 5(11):2040-2045.

2. Sandhu GS, Khattak M, Pavlakis M et al. *Recipient's unemployment restricts access to renal transplantation.* Clin Transplantation 2013 Jul-Aug;27(4):598-606.

