



Richard, DaVita patient

Section 1. Ways to get your Medicare coverage

Medicare is a national health insurance program administered by the U.S. federal government for people who are 65 or older, or under 65 with certain disabilities. It's also for dialysis patients diagnosed with end stage kidney disease (or ESKD).

There are two main ways to get your Medicare coverage—Original Medicare (Medicare Part A and Part B) and Medicare Advantage (Medicare Part C). Here's a quick look at how these two options compare, with more detailed information on the following pages.

WHAT IS ORIGINAL MEDICARE?

Medicare Part A, your hospital insurance

Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Most people covered by Original Medicare don't pay a monthly premium for their Part A. However, if you don't qualify for premium-free Part A, you can buy Part A for up to \$506 each month in 2024.

Medicare Part B, your medical insurance

Medicare Part B covers certain doctors' services, outpatient care, medical supplies, and some preventive services. It also covers transplant and immunosuppressive drugs for 36 months after transplant. Most people covered by Original Medicare pay a monthly Part B premium. The standard Part B premium in 2024 is \$164.90 but could be higher depending on your income.

People covered by Original Medicare can see any provider who accepts Original Medicare and is accepting new patients, and they don't need a referral.



RESOURCE ALERT

You can learn more about premium-free Part A and Part B premiums by calling **1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048)** or by visiting [Medicare.gov](https://www.Medicare.gov).

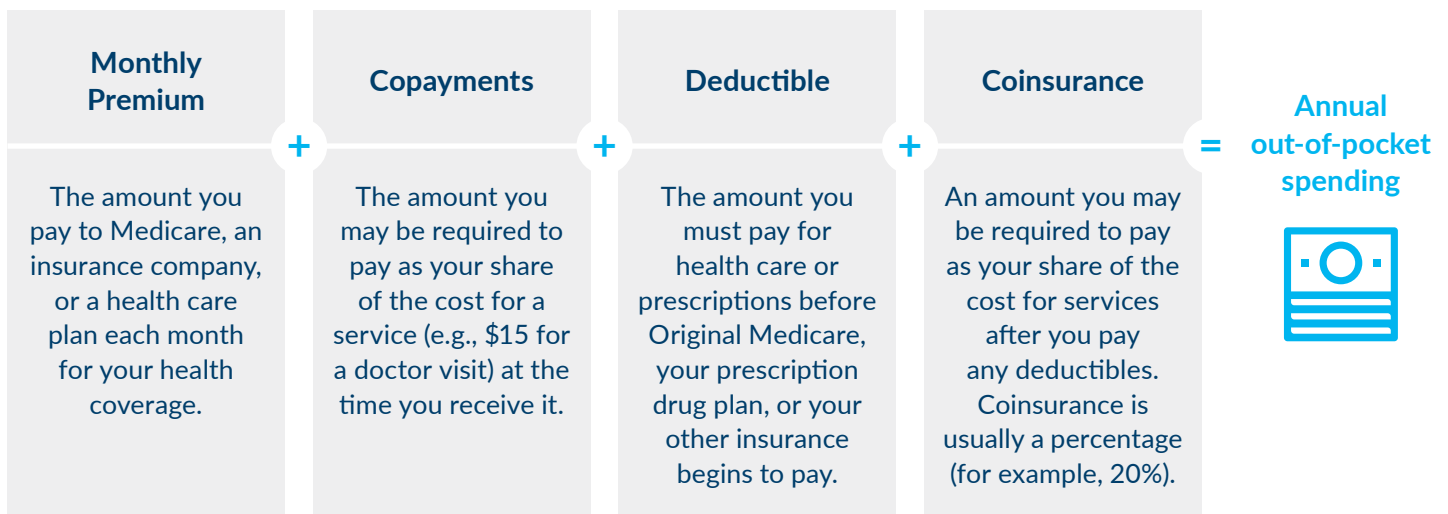


KEY TERMS

Provider Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

OVERVIEW OF ANNUAL COSTS ASSOCIATED WITH ORIGINAL MEDICARE

Aside from the monthly premium(s), with Original Medicare you must meet your deductible before Medicare will pay their share of costs for covered services and supplies. You will continue to be responsible for copayments and coinsurance, and there is no cap or out-of-pocket maximum on the amount you may pay for the year (unless you have other secondary coverage – see page 5 for more information).





ADDITIONAL COVERAGE WITH ORIGINAL MEDICARE

Original Medicare doesn't cover all health care services and supplies, nor does it pay all costs. Some people, if they're eligible, choose to get additional coverage to help. As a reminder, Original Medicare doesn't limit how much you pay out-of-pocket each year, which can be more than \$8,300 for dialysis alone for patients with Original Medicare and no secondary coverage.

1. **Medicare Part D**, or prescription drug coverage, is sold by insurance companies and helps cover the cost of prescription drugs (including many recommended shots or vaccines).
2. **Medicare Supplement Insurance**, or Medigap, is sold by insurance companies and fills "gaps," helping to cover some of the remaining health care costs not covered by Medicare Part B like deductibles, copayments and coinsurance. Some Medigap policies also cover services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

Important consideration: Insurance companies aren't required to sell you a Medigap policy if you do not have "guaranteed issue rights." You can learn more about Medigap and situations that may qualify you for a guaranteed issue right by calling **1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048)** or by visiting [Medicare.gov](https://www.Medicare.gov).

3. **Medicaid** is an income-based joint federal and state program that covers services rendered by providers who accept Medicaid, typically within your state, as well often provides dental, transportation and prescription benefits.

Important consideration: To be eligible for Medicaid, you must meet your state's income requirements or certain non-financial eligibility criteria (e.g., be pregnant). Not all dialysis patients with Medicare qualify for Medicaid. You can learn more by visiting [Medicaid.Gov/Medicaid/Eligibility/Index.html](https://www.Medicaid.Gov/Medicaid/Eligibility/Index.html) or calling your state Medicaid office.

4. **Employer group health plan** is health insurance provided by your employer (or through your spouse's or parents' employer) that often covers all or some of your health care services, leaving you responsible for paying only the deductible, coinsurance or copay. Coverage and benefits vary by plan. Speak with your employer to learn more about your current plan or available group health plan options.

Medicare Part D, Medigap plans and employer group health plans typically have a monthly premium, in addition to the Part B premium, and can vary depending on the plan you have.

WHAT IS MEDICARE ADVANTAGE?

Medicare Advantage is an “all-in-one” alternative to Original Medicare. The federal government contracts with insurance companies to offer these plans that bundle Medicare Part A, Part B and usually Part D.

Benefits

Medicare Advantage plans cover the same services as Original Medicare. They also often offer extra benefits not covered by Original Medicare, like vision, dental and hearing coverage. Other services could include transportation (like to your dialysis center), meal delivery service and over-the-counter drugs. Most plans often include prescription drug coverage.

Cost

In addition to your Part B premium, you may pay a monthly premium for the Medicare Advantage plan and you may have different out-of-pocket costs than you do with Original Medicare. Unlike with Original Medicare, these plans set a limit on what you’ll have to pay out-of-pocket each year for covered services to help protect you from unexpected costs.

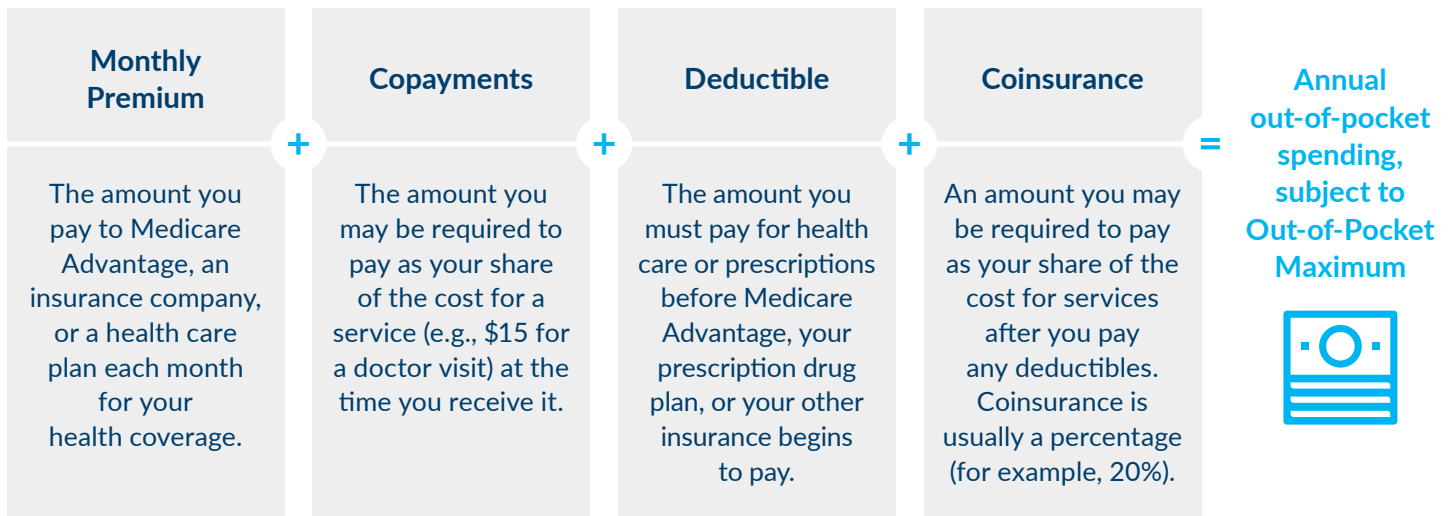
Provider networks

They can also have different rules for how you get services and may require you to see network providers or pay more to go out of network. Some plans won’t cover services from providers outside the plan’s network and service area, and you may need to get a referral to see a specialist.

Coordination of coverage

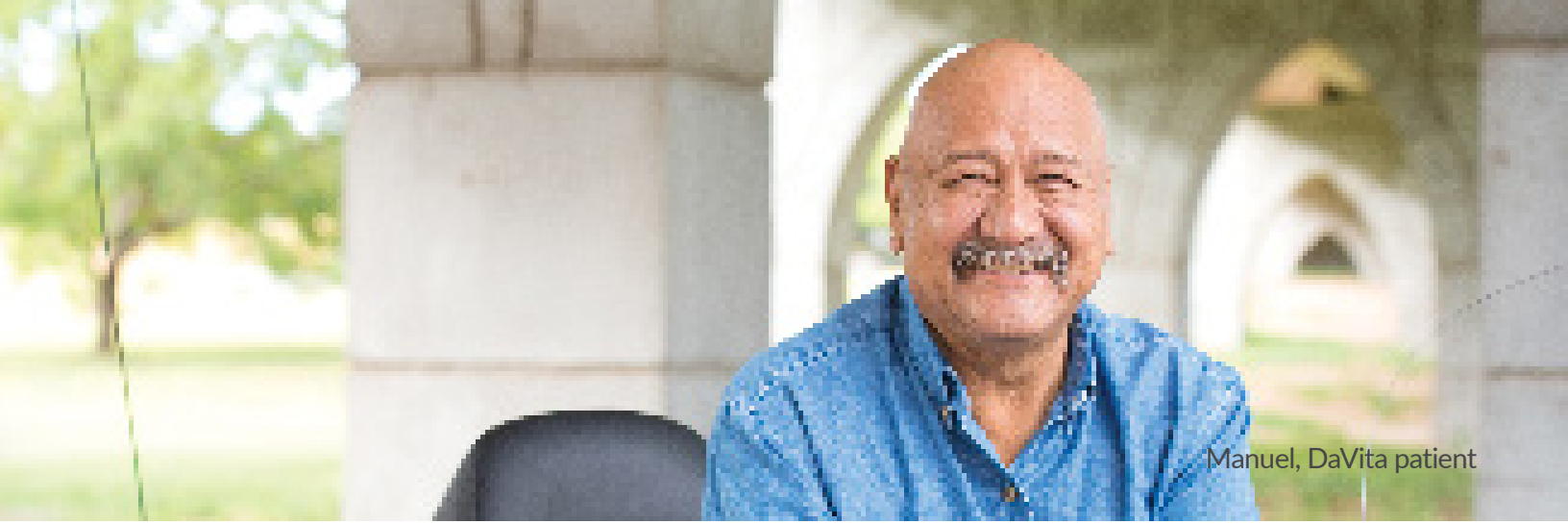
Depending on any secondary coverage you have, you may be able to keep that coverage and use it with a Medicare Advantage plan. For example, you can usually keep Medicaid or commercial insurance, like an employer group health plan. If you have Medigap, you can’t use it to pay your Medicare Advantage premium, deductible or copayments and therefore may want to drop it.

To be eligible for Medicare Advantage, you must first enroll (or already be enrolled) in both Medicare Part A and Part B.



KEY TERMS

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



Manuel, DaVita patient

EXTRA BENEFITS AVAILABLE THROUGH MEDICARE ADVANTAGE

Medicare Advantage plans typically offer additional benefits Original Medicare doesn't, such as vision, dental and hearing coverage. Here's a quick look at some of the potential benefits you could get. To understand specific benefit details you could receive, you'll want to review specific plans available in your area.

 Dental	 Eye exams and glasses	 Hearing aids	 Meal and grocery benefits
 Telehealth	 Over-the-counter drugs	 Prescription drugs	 Bathroom safety
 In-home support	 Transportation	 Personal emergency response system	 Gym membership

The benefits you could receive depend on the plan you enroll in and the type of plan it is. For more information on the different types of Medicare Advantage plans go to page 9.

ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE COSTS AT A GLANCE

Listed below is a basic cost comparison for Original Medicare and Medicare Advantage. Costs for Part D prescription drug coverage and/or other secondary coverage vary by plan and are in addition to your Original Medicare or Medicare Advantage costs.

For help comparing costs, you can visit the Medicare Plan Finder at [Medicare.Gov/Plan-Compare](https://www.Medicare.gov/Plan-Compare) or contact a DaVita health insurance educator for more dedicated support.

MONTHLY PREMIUM

Original Medicare	VS	Medicare Advantage
<p>Most people only have a Medicare Part B premium</p> <p>Medicare Part A: up to \$506</p> <p>Medicare Part B: typically \$164.90¹</p>		<p>In addition to Medicare Part A and Part B premiums</p> <p>Varies by plan, many as low as \$0 per month</p>

ANNUAL OUT-OF-POCKET COSTS

Original Medicare	VS	Medicare Advantage
<p>No limit on what you pay out of pocket each year</p> <p>Dialysis treatment alone can exceed \$8,300 each year depending on secondary coverage you may have</p>		<p>Varies by plan and cannot exceed \$8,300 for the year for in-network services.</p>

ANNUAL DEDUCTIBLE

Original Medicare	VS	Medicare Advantage
<p>Medicare Part A: \$1,600</p> <p>Medicare Part B: \$226</p>		<p>Varies by plan</p> <p>After you reach the annual out-of-pocket maximum each year, the plan pays 100% of covered health expenses</p>

COPAYMENTS AND COINSURANCE

Original Medicare	VS	Medicare Advantage
<p>Medicare Part A: Depends on duration of in-patient hospital stays</p> <p>Medicare Part B: You typically pay 20% for most services, including dialysis</p>		<p>Varies by plan and cannot exceed Original Medicare</p> <p>After you reach the annual out-of-pocket maximum each year, the plan pays 100% of covered health care expenses</p>

1. The numbers represented above are based on 2024 amounts determined by Medicare and are subject to change annually.



Section 2. Deeper dive into Medicare Advantage

THE DIFFERENT TYPES OF MEDICARE ADVANTAGE PLANS

There are five types of Medicare Advantage plans, but three main ones most people enroll in. The main difference between each is how you pay and receive health care services:

- Health Maintenance Organization (HMO) Plans
- Preferred Provider Organization (PPO) Plans
- Special Needs Plans (SNPs)

Important consideration: Private Fee-for-Service (PFFS) Plans and Medical Savings Account (MSA) Plans are not covered in this guide. You can visit [Medicare.gov](https://www.medicare.gov) for more information on these two types of Medicare Advantage plans.

Depending on where you live, all, some or none of these types of plans may be available. To see all Medicare Advantage plans available to you, visit [Medicare.gov/Plan-Compare](https://www.medicare.gov/Plan-Compare).

Health Maintenance Organization (HMO) plans



Lower premiums and deductibles



Typically only covers in-network services



Need a referral to see specialists

A health maintenance organization (HMO) plan is a type of Medicare Advantage plan that generally provides health care coverage from providers in the plan's network (except emergency care, out-of-area urgent care or out-of-area dialysis), with an emphasis on prevention.

Most HMOs require you to get a referral from your primary care doctor for specialist care, including when you travel out of the coverage area or network. If you get health care outside the plan's network, you may have to pay the full cost. It's important that you follow the plan's rules, like getting prior approval for a certain service when needed.

Preferred Provider Organization (PPO) plans



Sometimes higher premiums and deductibles



Can go out of network (but usually costs more)



No need for referrals to see specialists

A preferred provider organization (PPO) plan is another kind of Medicare Advantage plan that has a network of providers you can use, but you can also use out-of-network providers for covered services, usually for a higher cost. Because certain providers are "preferred" (as the name suggests), you can save money by using them. For patients with secondary coverage, you may not experience higher costs by enrolling in this type of plan.

Special Needs Plans (SNPs)

A Special Needs Plan (SNP) is another kind of Medicare Advantage plan that provides benefits and services only to people who live in the plan's service area and have specific diseases, certain health care needs or limited incomes. SNPs tailor their benefits, provider choices and list of covered drugs to best meet the specific needs of the groups they serve.

Chronic Condition SNPs (C-SNPs)

C-SNPs are specialized Medicare Advantage plans that provide coordinated care for patients with severe chronic illness, like chronic heart failure, type 2 diabetes and end stage kidney disease requiring dialysis.

Dual-eligible SNPs (D-SNPs)

Dual-eligible SNPs are specialized Medicare Advantage plans that coordinate your Medicare and Medicaid benefits together, if you have Medicaid. These types of plans help you manage your health care benefits and costs in one place,





versus having to work with Medicare, Medicaid and an insurance company separately.

Institutional SNP (I-SNPs)

Institutional SNPs are specialized Medicare Advantage plans that provides coordinated care for patients in long-term care facilities, like a nursing home or skilled nursing facility. These types of plans are available in some states, but not all, and require you to have had or are expected to need, for 90 days or longer, the level of services provided in a long-term care facility.

COMPARING MEDICARE ADVANTAGE PLANS SIDE-BY-SIDE

The chart below shows basic information about each type of Medicare Advantage plan. There may be additional plan types available in your area. Visit [Medicare.gov](https://www.Medicare.gov) to learn more.

	HMO	PPO	SNP
 <p>Prescription Drugs Does the plan offer prescription drug coverage?</p>	<p>Usually If you join a HMO that doesn't offer drug coverage, you can't get a separate Medicare drug plan.</p>	<p>Usually If you join a PPO plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.</p>	<p>Yes All SNPs must provide prescription drug coverage</p>
 <p>Providers Can I use any doctor or hospital?</p>	<p>Sometimes You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care or out-of-area dialysis). In some cases, you may be able to get some services out of network for a higher copayment or coinsurance.</p>	<p>Yes Each plan has a network of doctors, hospitals and other providers that you may go to. You may also go out of the plan's provider network, but your costs may be higher.</p>	<p>Sometimes Generally, you must get your care and services from doctors or hospitals in the SNPs network (except emergency care or if you need out-of-area dialysis). However, if your SNP is a PPO you can get Medicare covered services out of network.</p>
 <p>What should I do regarding my dialysis clinic and/or transplant center?</p>	<p>Before changing your insurance or enrolling in a new insurance plan, you'll want to check whether your health care providers accept the plan you're considering. You should also speak with your transplant team, if you have one, before making any changes to your insurance.</p>		
 <p>Referral Do I need a referral to see a specialist?</p>	<p>Yes</p>	<p>No</p>	<p>Sometimes</p>

Depending on where you live, all, some or none of these types of plans may be available. To learn more about the specific plans you're eligible for, you can visit [Medicare.gov/Plan-Compare](https://www.Medicare.gov/Plan-Compare) or work with one of the third-party resources included on page 18.



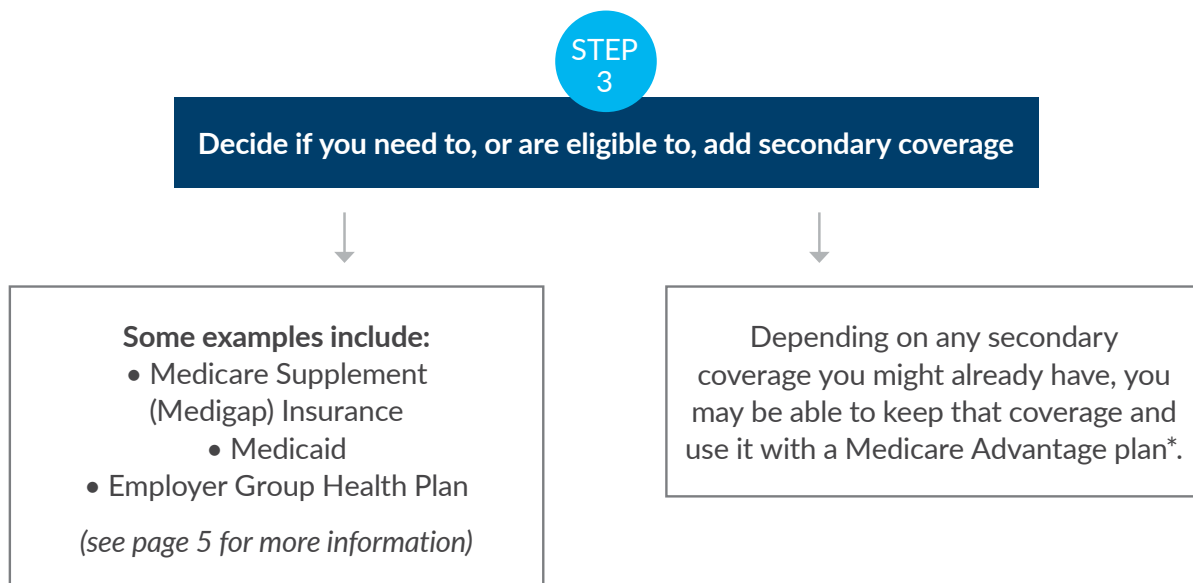
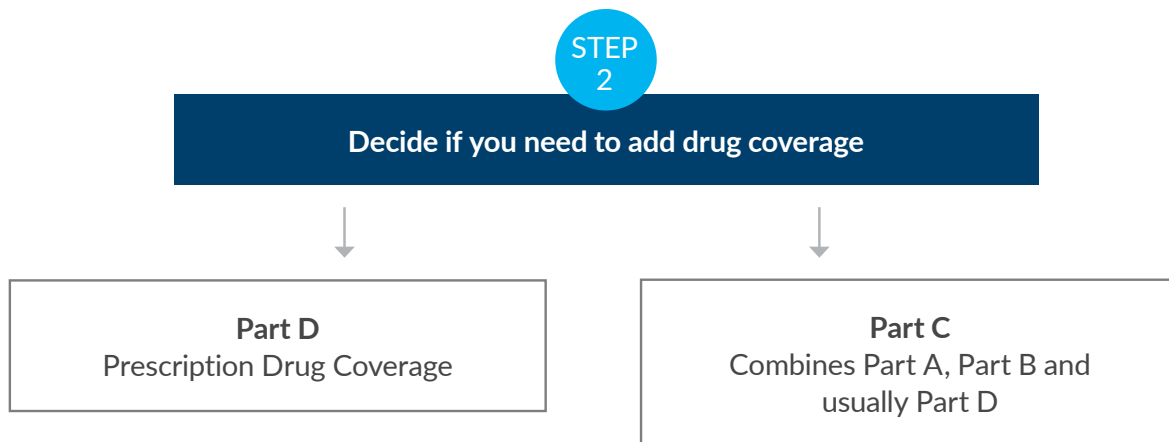
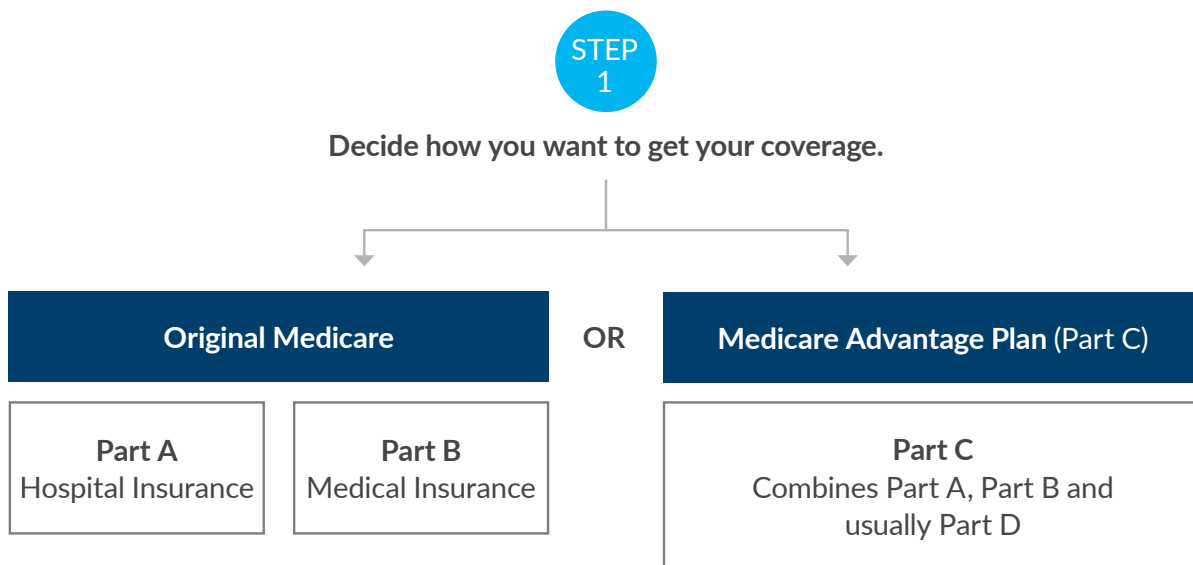
Napoleon, DaVita patient

Section 3. Choosing your Medicare coverage

DECIDE HOW YOU WANT TO GET YOUR MEDICARE COVERAGE

As reviewed earlier in this guide, there are two main ways to get your Medicare coverage: Original Medicare and Medicare Advantage. Depending on how you decide to get your Medicare coverage, you may also choose to get additional, secondary coverage to help with costs and have access to more benefits, if eligible.

Below is a quick overview to help you think through what coverage option would be best for you. Throughout the rest of this guide, we've outlined more detailed considerations to keep in mind when thinking of changing your Medicare coverage, especially when it comes to Medicare Advantage.



*If you join a Medicare Advantage plan, you can't use and can't be sold a Medicare Supplement Insurance (Medigap) Policy.

MAKING CHANGES TO YOUR MEDICARE COVERAGE

If you enroll in a Medicare Advantage plan, depending on your current coverage, you may get access to extra benefits you don't already have, be able to coordinate your coverage for better care, and have higher or lower annual health care expenses.

If you enroll in a Medicare Advantage Plan				
Your current coverage	Receive additional benefits	Potentially limit your annual spending	Coordinate your secondary coverage	Keep your existing providers
Original Medicare only	✓	✓	N/A	Sometimes
Original Medicare with Medicaid	✓	Sometimes	✓	Sometimes
Original Medicare with employer group health plan	✓	Sometimes	Sometimes	Sometimes
Original Medicare with Medigap	✓	Sometimes	✗	Sometimes

As you review your Medicare coverage options, here are a few questions to consider:

1. Do you want to better manage your health care costs and limit your out-of-pocket spending?
2. Do you want additional benefits you may not have access to today, like dental, vision or over-the-counter drugs?
3. Are your providers, like your nephrologist or dialysis center, in network with the plan you're considering?
4. Do you have Medicare Supplement Insurance or a Medigap plan?

For more information on what you need to know about your Medicare options, particularly Medicare Advantage, based on the coverage you have today, see page 19.



Ana, DaVita patient

MEDICARE ENROLLMENT PERIODS

For people who have Medicare, there are different times during the year that you may be able to make changes to your coverage:

Medicare Annual Enrollment Period:

- **When?** From October 15 to December 7
- **Who qualifies?** Anyone with Medicare can change their coverage from Original Medicare to Medicare Advantage, from Medicare Advantage to Original Medicare, or sign up for prescription drug coverage.
- **When does coverage start?** If you make an enrollment decision during this window, your new coverage would start January 1.

Medicare Advantage Open Enrollment Period:

- **When?** From January 1 to March 31
- **Who qualifies?** Anyone who is already enrolled in a Medicare Advantage plan can choose to switch to another Medicare Advantage plan or drop their plan and return to Original Medicare.
- **When do changes take effect?** If you make an enrollment decision during this window, your new coverage would start the month after you submit your application. (ex: If you made a change in January, then your coverage would be effective February 1st)



IMPORTANT CONSIDERATION

You may also qualify for a special enrollment period, depending on your unique circumstances. To learn more, you can contact your DaVita health insurance educator at 1-833-959-1724, call **1-800-MEDICARE** (1-800-633-4227, TTY 1-877-486-2048), or visit [Medicare.gov](https://www.Medicare.gov).

A HELPFUL RESOURCE FOR YOU: INSURANCE CHANGE WORKSHEET



This worksheet is a resource to help you prepare for an insurance change and compare how the plan(s) you're considering may meet your health care needs. For specific cost considerations, please use the Plan Comparison Worksheet available on the next page.

Your Current Coverage

Step 1: Write down your current insurance(s) information, including any secondary coverage like Medicaid or an employer group health plan.

Medicare number and start dates: _____

Secondary insurance (if applicable): _____

Can you use your secondary insurance with Medicare Advantage? Yes No

Step 1a: List the Medicare Advantage plans you're considering: _____

List of Current Providers

Step 2: Write down your current providers. Before enrolling in a Medicare Advantage plan, you'll want to check whether your health care providers, including your transplant center, accept Medicare Advantage.

Provider information	In network with potential new plan(s)?
DaVita dialysis clinic: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nephrologist: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transplant center: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary care physician: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important Health Care Needs

Step 3: Write down any prescription drugs you're taking and other health care needs you have to help ensure the Medicare Advantage plan you're considering will meet your needs. Additionally, think about what additional benefits are important to you that you may not be getting through your current Medicare coverage.

I'd like to learn more about (this is not an exclusive list):

- | | | |
|---|---|--|
| <input type="checkbox"/> Dental benefits | <input type="checkbox"/> Meal benefits | <input type="checkbox"/> Transplant coverage |
| <input type="checkbox"/> Vision benefits | <input type="checkbox"/> Transportation | <input type="checkbox"/> Gym membership |
| <input type="checkbox"/> Hearing benefits | <input type="checkbox"/> Over-the-counter drugs | <input type="checkbox"/> In-home support |

My prescription drugs include: _____

Other health care needs I have: _____

This worksheet is for illustrative purposes only and you may need to collect additional information to make an insurance change.

A HELPFUL RESOURCE FOR YOU: COST COMPARISON WORKSHEET



This worksheet is a resource to help compare the cost difference between your current Medicare coverage to the Medicare Advantage plan(s) you're considering. If you're thinking about joining a Medicare Advantage plan, check with the plan before you join to make sure your providers are in the plan's network. If they are out-of-network, you may have to pay the full cost for services received from them. You can see examples of a completed cost comparison on page 21.

	Example Plan	Plan Option 1	Plan Option 2
A. Estimated Annual Health Costs (minus any discounts or subsidies)			
Medicare Part B premium	\$164.90 x 12		
Medicare Advantage premium	\$0.00 x 12		
Other premium(s)	N/A		
Out-of-pocket maximum ¹	\$3,900.00		
Estimated Annual Premiums	+ \$2,400.00		
Estimated Out-of-Pocket Costs	+ \$3,900.00		
Total Estimated Annual Health Costs²	= \$6,300.00		
B. Estimated Annual Prescription Drug Costs			
Medicare Part D premium	+ \$0.00 x 12		
Out-of-pocket maximum	+ \$1,971.25		
Total Estimated Annual Prescription Drug Costs	= \$1,971.25		
C. Total Estimated Annual Costs (A+B)	= \$8,271.25		
Important Plan Benefits	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✗ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support ✓ Meals for short duration ✓ Annual physical 		

This worksheet is for illustrative purposes only and you may choose to compare more than two plans with your current coverage.

1. Costs you pay for covered health services include your plan deductible, coinsurance, and copayments and can contribute toward an out-of-pocket maximum, if you have one. After you reach the annual out-of-pocket maximum limit each year, the plan pays 100% of covered health expenses.
2. The cost comparison above is based on details you provide and does not factor in all possible costs you may incur with specific plans. As a patient, it is ultimately your responsibility to confirm with each health insurance company the costs associated with specific plans. DaVita recommends you confirm these costs before you make any decisions about your insurance.

Additional resources

If you want to *enroll* in a Medicare Advantage plan

Medicare and Medicare Plan Finder

You can also contact Medicare or use the Medicare Plan Finder at [Medicare.Gov/Plan-Compare](https://www.Medicare.gov/Plan-Compare) to learn more about available Medicare Advantage plans in your area, including plan costs, benefits, and provider network considerations, and to enroll in a plan.

Chapter (an unaffiliated, licensed Medicare Advisor)

Chapter is a Medicare advisor that searches plans from all carriers to help you enroll in the one that fits your individual needs: they can check to make sure your healthcare providers are in network, and will compare drug prices across all pharmacies in your area. Chapter's Medicare advisors are trained specifically on the insurance coverage needs of dialysis patients.

- Visit Chapter's website at askchapter.org/dialysis
- Call Chapter's helpline at **1-800-351-0969** to speak with a license Medicare Advisor (Monday - Friday 9AM - 7PM EST and Saturday 10AM - 6PM EST)

If you want additional *educational information* about your Medicare options

Medicare

You can visit [Medicare.gov](https://www.Medicare.gov) or contact Medicare at **1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048)** to learn about your Medicare eligibility and options, including Medicare Advantage, 24/7.

If you want additional *counseling* about your Medicare options

State Health Insurance Assistance Program (SHIPs)

SHIPs are local non-profit organizations that provide free and unbiased, one-on-one counseling on your Medicare options. To find your local SHIP, you can visit [ShipTACenter.org](https://www.ShipTACenter.org), or you call **1-877-839-2675 (TTY 711)**.

Other resources

There may be other health insurance agencies and local insurance agents that can help you review your Medicare Advantage options and enroll in a plan. You can also contact specific health insurance companies directly to learn more about their available plans or to enroll.

Important note: These resources are intended to provide DaVita patients with information about some of the available third party resources for comparing and enrolling in Medicare Advantage plans. Links to third party websites are provided for informational purposes only and are not a substitute for professional advice. Third party websites are governed by the third party's privacy policy and terms of use, not DaVita's. DaVita does not endorse or recommend any specific insurance agent, broker, agency, or plan and is not affiliated with or compensated by insurance agents, brokers, or agencies. If you choose to work with a health insurance agent, broker, or agency, please keep in mind they are not affiliated with Medicare and may earn compensation if you enroll in a plan.

Important note about Chapter: Chapter, AskChapter.org, and Chapter Medicare LLC are privately owned by Memoir, Inc. Chapter is a non-government resource for people who are seeking information and resources about Medicare coverage. In most states, Chapter Medicare LLC does business as Chapter Advisory LLC. In California, Chapter does business as Chapter Insurance Services. Chapter is not connected with or endorsed by the United States government or the federal Medicare program. All of the resources and information on Chapter's websites are designed and intended to be educational in nature, not marketing for specific insurance plans. DaVita and Chapter are independent entities and not affiliated.

CONSIDERATIONS TO KEEP IN MIND WHEN THINKING OF SWITCHING TO MEDICARE ADVANTAGE

Do you want to better manage your health care costs and limit your out-of-pocket spending?

Depending on your current coverage, enrolling in a Medicare Advantage plan could help you limit your annual health care costs. Medicare Advantage plans have an annual spending limit of \$8,300 or less for in-network services (for 2024).

- 1. If you only have Original Medicare:** Original Medicare doesn't limit how much you pay out-of-pocket each year, which can be more than \$8,300 for dialysis alone. These plans may require copays or coinsurance until your annual limit is met.
 - Additionally, if you enroll in a Medicare Advantage plan, your transplant costs are typically included in your out-of-pocket costs and contribute toward your annual maximum spending limit, if your transplant center or related services and providers are in network with plan.
 - This means that if you are pursuing a transplant, enrolling in Medicare Advantage could help you reduce your out-of-pocket costs versus if you continued with Original Medicare. Enrolling in a Medicare Advantage plan doesn't, however, increase the likelihood of getting a transplant. You should also speak with your transplant team, if you have one, before making any changes to your insurance.
- 2. If you have secondary insurance, like Medicaid or an employer group health plan:** If you remain eligible for your secondary insurance, it can help cover the costs that Original Medicare and Medicare Advantage don't, including your monthly premiums and some out-of-pocket costs, and your overall annual costs likely will not increase.



Sasagi, DaVita patient

- 3. If you have Medicare Supplement Insurance or Medigap:** Some Medigap plans help cover 100% of your out-of-pocket costs, but Medicare Advantage plans don't. However, with Medigap, you may have a separate Medicare Part D plan for prescription drug coverage, and many Medicare Advantage plans often include this coverage. If you keep your Medigap plan, you will have to continue to pay the plan's premium and not be able to use it to pay your Medicare Advantage plan premiums, deductibles, or copayments or coinsurance. Depending on your Medigap and/or Medicare Advantage plans, your costs could increase if you decide to keep your Medigap plan after enrolling in a Medicare Advantage plan.

Do you want additional benefits you may not have access to today, like dental, vision, or over-the-counter drugs?

Regardless of the coverage you currently have, Medicare Advantage plans must cover the same services that are covered by Original Medicare. This includes Medicare Part A and Part B. In all types of Medicare Advantage plans, you're always covered for emergency and urgent care.

Medicare Advantage plans typically offer extra benefits not covered by Original Medicare, like vision, dental, and hearing coverage. Other services could include transportation (like to your dialysis center), meal delivery service, and over-the-counter drugs. And most plans often include prescription drug coverage.

- Depending on your current coverage, enrolling in a Medicare Advantage plan could give you access to benefits you don't currently have or it could give you additional, more comprehensive benefits or benefits you may not be receiving at all.
- If you have Medicaid, you can choose to enroll in a D-SNPs specialized to combine or coordinate Medicare and Medicaid benefits together.

Are your providers, like your nephrologist or dialysis center, in network with the plan you're considering?

Medicare Advantage plans typically have a specific network of providers you can see, whereas with Original Medicare you can go to any provider that accepts Medicare. Before enrolling in a Medicare Advantage plan, you'll want to check whether your healthcare providers accept Medicare Advantage. If they don't, you may have to pay the full cost for services received if you get health care outside the plan's network.

If you're thinking about joining a Medicare Advantage plan and are on a transplant waiting list or think you need a transplant, check with the plan before you join to make sure your doctors, other health care providers, and hospitals are in the plan's network. It's important that you follow the plan's rules, like getting prior approval or authorization for a certain service when needed. You should also speak with your transplant team before making any changes to your insurance.

Do you have Medicare Supplement Insurance or a Medigap plan?

If you have Medigap and join a Medicare Advantage plan, you may want to drop your Medigap. This is because you can't use Medigap to pay your Medicare Advantage plan premiums, deductibles, or copayments or coinsurance. If you drop your Medigap plan, you might not be able to re-enroll in a Medigap plan. However, if you join a Medicare Advantage plan for the first time and you aren't happy with the plan, you'll have special rights under federal law to buy a Medigap plan and a Medicare drug plan if you return to Original Medicare within 12 months of joining the Medicare Advantage plan.

EXAMPLE COST COMPARISON WORKSHEET: ORIGINAL MEDICARE WITH MEDICARE PART D



Patients who have Original Medicare and Medicare Part D often lack benefits not covered by Original Medicare, like vision, dental and hearing coverage. Additionally, these patients don't have a limit on how much they pay out of pocket each year, which can be more than \$8,300 for dialysis alone. Medicare Advantage plans have an annual spending limit of \$8,300 or less for in-network services (for 2024), and require copays or coinsurance until your annual limit is met.

Important note: Patients with just Original Medicare may be able to get secondary insurance coverage, in addition to a Medicare Advantage plan, to help cover all or a portion of the costs Original Medicare doesn't cover.

		Example Plan	Plan Option 1	Plan Option 2
A. Estimated Annual Health Costs (minus any discounts or subsidies)				
Medicare Part B premium		\$164.90 x 12	\$164.90 x 12	\$164.90 x 12
Medicare Advantage premium		N/A	\$0.00 x 12	\$0.00 x 12
Other premium(s)		N/A	N/A	N/A
Out-of-pocket maximum ¹		At least \$7,500 with no maximum	\$4,400.00	\$3,250.00
Estimated Annual Premiums	+	\$1,782.00	\$1,782.00	\$1,782.00
Estimated Out-of-Pocket Costs	+	\$7,500.00	\$4,400.00	\$3,250.00
Total Estimated Annual Health Costs ²	=	\$9,282.00	\$6,182.00	\$5,032.00
B. Estimated Annual Prescription Drug Costs				
Medicare Part D premium	+	\$33.06 x 12	\$0.00 x 12	\$6.50 x 12
Out-of-pocket maximum	+	\$1,971.25	\$1,971.25	\$1,971.25
Total Estimated Annual Prescription Drug Costs	=	\$2,367.97	\$1,971.25	\$2,049.25
C. Total Estimated Annual Costs (A+B)				
	=	At least \$11,649.97	\$8,153.25	\$7,081.25
Important Plan Benefits		<ul style="list-style-type: none"> ✗ Vision ✗ Dental ✗ Hearing ✗ Transportation ✗ Fitness benefits ✗ Worldwide emergency ✗ Over the counter drug benefits ✗ In-home support ✗ Meals for short duration ✓ Annual physical 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✗ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✓ In-home support ✗ Meals for short duration ✓ Annual physical 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✗ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✓ In-home support ✗ Meals for short duration ✓ Annual physical

EXAMPLE COST COMPARISON WORKSHEET: ORIGINAL MEDICARE WITH MEDICARE PART D AND MEDICAID



Patients who have Original Medicare and Medicare Part D and also have Medicaid may already have access to some of the benefits available through a Medicare Advantage plan. If they decide to switch to a Medicare Advantage plan and remain eligible for Medicaid, they likely can keep their Medicaid to help with coverage and costs and may get access to additional, more comprehensive benefits or benefits they may not be receiving at all, like a gym membership or coverage for over-the-counter drugs. Lastly, the costs for these patients likely will not increase if they enroll in a Medicare Advantage plan and continue to receive Medicaid.

		Example Plan	Plan Option 1	Plan Option 2
A. Estimated Annual Health Costs (minus any discounts or subsidies)				
Medicare Part B premium		\$164.90 x 12	\$164.90 x 12	\$164.90 x 12
Medicare Advantage premium		N/A	\$0.00 x 12	\$0.00 x 12
Other premium(s)		N/A	N/A	N/A
Out-of-pocket maximum ¹		\$0.00	\$0.00	\$0.00
Estimated Annual Premiums	+	\$1,782.00	\$1,782.00	\$1,782.00
Estimated Out-of-Pocket Costs	+	\$0.00	\$0.00	\$0.00
Total Estimated Annual Health Costs ²	=	\$1,782.00	\$1,782.00	\$1,782.00
B. Estimated Annual Prescription Drug Costs				
Medicare Part D premium	+	\$33.06 x 12	\$0.00 x 12	\$6.50 x 12
Out-of-pocket maximum	+	\$1,971.25	\$1,971.25	\$1,971.25
Total Estimated Annual Prescription Drug Costs	=	\$2,367.97	\$1,971.25	\$2,049.25
C. Total Estimated Annual Costs (A+B)	=	\$4,149.97	\$3,753.25	\$3,831.25
Important Plan Benefits		<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✗ Fitness benefits ✗ Worldwide emergency ✗ Over the counter drug benefits ✓ In-home support ✗ Meals for short duration ✓ Annual physical 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✗ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✓ In-home support ✗ Meals for short duration ✓ Annual physical 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✗ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support ✓ Meals for short duration ✓ Annual physical

Your insurance counseling acknowledgement

As a patient with DaVita, you have the right to select the insurance coverage of your choice. The information below outlines considerations when reviewing and selecting insurance coverage. The decision of whether to enroll in different coverage is always yours and you should enroll in the coverage you feel is best for you. We encourage you to research all coverage options available to you to identify the insurance that best meets your individual needs and preferences. If you have questions on your insurance options, you may discuss with your DaVita health insurance educator.

I currently treat at a DaVita dialysis center. I am interested in learning more about my options for health insurance coverage and want a DaVita teammate to assist me with such information.

As a DaVita patient, I understand that information provided to me by DaVita is based on a good faith understanding of available insurance options. When choosing health insurance coverage, I also understand:

- 1. Personal Choice:** I should enroll in the health insurance plan I feel is best for me.
- 2. Research:** I should perform my own research into available health insurance options.
 - Options available to me could include Medicare, Medicare Advantage, Medicaid, a health insurance exchange plan or other individual commercial plan, a plan through an employer, etc.
- 3. DaVita Health Insurance Educators:** DaVita teammates provide objective and fact-based insurance education. DaVita teammates do not recommend specific insurance plans.
- 4. Benefits and Provider Network:** I should research the benefits, services and provider networks associated with the insurance options I am considering.
 - Examples of benefits and services to consider include dialysis benefits, prescription coverage, family versus individual coverage, etc.
 - It is important for me to understand whether current or potential future health care providers accept the insurance I am considering.
- 5. Cost:** I should consider the total costs associated with insurance plans, including premiums, copays, deductibles, coinsurance, and other out-of-pocket costs.
 - A DaVita teammate can help me perform a cost comparison or can direct me to resources to perform my own cost comparison. I can also speak directly with the health plan to understand what costs I may be subject to.
- 6. Kidney Transplant:** If I am interested in kidney transplant, it is particularly important for me to research whether my insurance choices could impact my ability to transplant.

Note that your kidney transplant center may be able to provide additional information about insurance decisions when preparing for transplant.



For a copy of this guide in Spanish,
scan the QR code below (using the
camera function on your smart phone)

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