Liver transplants are expensive. Planning your finances, both your income and insurance, will be a key part of planning for transplant. The planning will require decisions for both the short-term and the long-term.
Short-term Issues

• Paying for transplant surgery
• Covering living expenses while off work
• If out of the area, living expenses while staying close to Seattle

Long-term Issues

• Paying for the many life-long transplant medicines
• Paying for the many life-long transplant surgery

Paying for the Transplant

Commercial Group and Individual Policies

Most insurance plans will pay for a liver transplant. And others may leave you with gaps in coverage. Some insurance policies provide good coverage for your transplant and others may leave you with gaps in coverage. Some insurance policies provide good coverage for your transplant and others may leave you with gaps in coverage.
Financial Planning

Check Your Plan Carefully to Find Out

1. Coordination of benefits – If you are covered by more than one commercial insurance plan, such as through your employer and your spouse’s employer, you’ll need to check with the insurance plans to see how and if these plans will cover expenses left over after your primary plan pays.

2. Waiting periods – Most insurance policies pay for a skilled nursing facility after a certain period of time. Some policies require that you be covered under the plan for at least one year before it will cover transplant-related expenses. Check your policy’s coverage for skilled nursing care if needed, after transplant.

3. Skilled nursing care – Does your policy pay for a skilled nursing facility if needed?

4. Inpatient hospital stay – Does your policy cover inpatient charges at a certain percentage of the costs, such as 80% or 90%? If your policy pays a flat co-pay of $100 per day up to a certain maximum, does your policy pay a flat co-pay percentage of your out-of-pocket expenses?

5. Out-of-pocket expenses – How much will you have to pay out of pocket after your plan pays?

Check Your Plan Carefully to Find Out
Financial Planning

Transplant Services

Medicare

This is a health insurance plan administered through the federal government. It is for persons who have been on Social Security Disability for at least two years, or are at least 65 years old.

There are two parts of Medicare - Part A and Part B. Part A may cover hospital stays, including a liver transplant. Part B may cover doctor fees, hospital outpatient services, and other healthcare expenses. Medicare has a number of approved outpatient facilities, as well as approved outpatient hospitals. Medicare also covers some hospital-related expenses, such as drug copayments.

Medicare Supplements or "Medigap" Policies

These policies supplement your Medicare coverage. Medicare does not cover all medical expenses, especially those related to liver transplants. Most people cannot afford a transplant, which can cost tens of thousands of dollars. Medicare premiums vary depending on the policy and a person's health status.

Having Medicare and a supplement will likely cover the majority of medical costs associated with a liver transplant.
Transplant Services

Financial Planning

Medicaid

This is a health insurance plan through your state for persons who are very low income and medically disabled. It will pay 100 percent of covered medical expenses. You must be rejected by another insurance plan before you can enroll in Medicaid. Your social worker can give you contact information for a local health and social services office. Yoursocial worker can give you contact information for the office in your state.

Washington Basic Health Plan

This is a health insurance plan sponsored by the State of Washington. It has limited coverage and is not recommended for most transplant patients. You cannot be enrolled in it if you are enrolled in the Basic Health Plan if you are enrolled in the Basic Health Plan if you are enrolled in Medicare. Since some patients are enrolled in Medicare, you lose Basic Health Plan if you are enrolled in Medicare. If you are enrolled in Medicare, the cost is reduced. This is a good insurance plan for people who are not on Medicare. This is a good insurance plan for people who are not on Medicare.

Washington State Health Insurance Pool (WSHIP)

This is also a health insurance plan sponsored by the State of Washington. It has limited coverage and is not recommended for most transplant patients. You cannot be enrolled in it if you are enrolled in another insurance plan before you can enroll in this coverage. If you are enrolled in WSHIP, the cost is high for people who are not on Medicare. If you are on Medicare, the cost is reduced. This is a good insurance plan for people who are not on Medicare. This is a good insurance plan for people who are not on Medicare.
Transplant Services

Financial Planning Page 4-6

for transplant patients who only have Medicare, or who are not eligible for Medicaid. Other states have similar programs. Ask your social worker for contact information.

The liver transplant financial staff will review your medical insurance to make sure you have adequate coverage for your transplant. Even with medical insurance you may have to pay for part of the transplantation.

Even with medical insurance, you may have to pay for medications. Out-of-pocket expenses can be $12,000 to $15,000 per year. If you are not covered by your insurance or by your employer, Medicare, Medicaid or a private insurance plan, you may have to pay full price for your medications.

Does your insurance cover:
- Commercial health insurance plan:
  - Prescription drug coverage with a deductible or coinsurance?

Here are some questions to ask about your prescription drugs:
- Do you have to pay part of the prescription drug costs?
- Does your insurance cover prescriptions at a certain percentage (such as 50, 80 or 90 percent)?

Paying for Medications

Most times, out-of-pocket expenses for medications are too great for patients to afford without the help of medical assistance. Verify your prescription drug coverage and know what your insurance will pay.

Here are some questions to ask about your prescription drug coverage with a commercial health insurance plan:
- Does your insurance cover prescriptions at a certain percentage (such as 50, 80 or 90 percent)?
- Does your insurance cover:
  - Prescription drug coverage with a deductible or coinsurance?
you pay a certain dollar amount co-pay per prescription (such as $10 per prescription per month)?

Does your insurance offer a mail-order pharmacy for medicines? These mail-order pharmacies often allow you to obtain a three-month supply of name-brand medicines for a lower co-pay than if you went to a local community pharmacy. Does your insurance offer a mail-order pharmacy for medicines?

Does your insurance provide different coverage based on whether the drug is a "generic" or a "name brand"? People with transplants are often prescribed name-brand medicines for which no "generic" equivalent exists (such as Prograf® and Cellcept®). These can be some of the most expensive medicines you will be prescribed. So, please be aware if your policy requires you to pay a higher co-pay or percentage for name-brand medicines. Drug manufacturers offer financial assistance programs for people who cannot afford to buy the medications they have been prescribed. See page 10-6 in the Resources section or ask your social worker for more information.
If you qualify for Medicaid, it covers most prescription medicines at 100 percent.

If you are eligible for Medicare and have signed up for Part B, you will have limited outpatient prescription drug coverage. Here are some rules for how Medicare's prescription coverage works:

- Medicare Part B covers the immunosuppressive drugs at 80 percent.
- You or your other insurance (if you have any) will be responsible for the 20 percent co-payment for the immunosuppressive drugs.
- Medicare Part B covers the immunosuppressive drugs for at least three years after a transplant, as long as you remain eligible for Medicare coverage. This prescription coverage does not include many other drugs you will require.

Medicaid

As you remain eligible for Medicaid, you will remain covered for your immunosuppressive medications. You will remain covered for Medicare Part B for at least three years after a transplant, as long as you remain eligible for Medicare coverage. This prescription coverage does not include many other drugs you will require.

Medicare

If you are eligible for Medicare and have most prescription medicines at 100 percent.

Medicaid

If you qualify for Medicaid, it covers...
If you have other insurance coverage, such as insurance through an employer or a spouse, Medicare will be the "secondary" insurance for the first 30 months of Medicare coverage. In these months, if your other insurance pays first, and if there are portions of the medication bill left over, that can be billed to Medicare.

After 30 months of Medicare coverage, Medicare will become your "primary" coverage. This means all medical bills will need to be billed to Medicare first, and any portions of the bill left over can be sent to your other insurance.

Most community pharmacies are not set up to bill Medicare for prescription medicines. If your pharmacy wants to learn how to bill for immunosuppressive medicines, or if you are willing to submit your own billing, call your local Social Security Administration for more information.

Mail-order pharmacies that specialize in transplant medicines will do all your billing for you, including Medicare. If you have other insurance in addition to Medicare, the mail-order pharmacies will bill Medicare, and any portions of the bill left over, that can be sent to your other insurance.
will check to see if they can bill that insurance for you, too.

If you have no insurance coverage for certain medicines, there are some financial assistance programs through the drug companies that may work for you. Check with your pharmacist or social worker for help with these programs.

Income While Off Work

If you are working, your employer might provide disability income insurance. There are two types of income insurance:

Short-term Disability

This insurance pays a portion of your salary, often around 60 percent, while you are off work for a medical reason. Short-term disability usually covers your salary for three to six months.

Long-term Disability

This insurance pays a portion of your salary, often 60 percent, for as long as you are considered disabled and unable to work. However, you will usually need to be disabled for a minimum length of time, such as 90 days. Long-term disability usually covers your salary for as long as you are considered disabled and unable to work.

If you are working, provide disability income insurance. If you are employed, your employer might provide disability income insurance. If you are employed, your employer might provide disability income insurance.
Financial Planning

Social Security Disability (SSD)

The Social Security Administration (SSA) has its own definition of disability for various illnesses. The application process can take many months. If approved, SSD benefits are not expected to be available for that long and should not be relied upon as a primary source of income during and after a transplant. However, SSD has strict income and financial limits. If you are already on SSD prior to your transplant, there is the possibility of losing these benefits afterwards. Depending upon why you were originally determined to be disabled, the Social Security system may not automatically consider your disability condition as permanent. Thus, SSD benefits are not expected to be available for that long and should not be relied upon as a primary source of income during and after a transplant.

Supplemental Security Income (SSI)

This is a disability income program through the SSA for disabled people who have not worked enough to pay much into the Social Security System and are therefore not eligible for SSD. The disability rules are the same as for SSD. However, SSI has strict income and financial limits. If you are already on SSD or SSI prior to your transplant, there is the possibility of losing these benefits afterwards. Depending upon why you were originally determined to be disabled, the Social Security system may not automatically consider your disability condition as permanent. Thus, SSI benefits are not expected to be available for that long and should not be relied upon as a primary source of income during and after a transplant.

Social Security Disability (SSD)

The Social Security Administration (SSA) has its own definition of disability for various illnesses. The application process can take many months. If approved, SSD benefits are not expected to be available for that long and should not be relied upon as a primary source of income during and after a transplant.
Your social worker will want to pursue fundraising, call the taxing agency, if you declared disabled, Social Security could decide you have recovered enough after your transplant to return to work. This would not happen without a formal review by Social Security.

If you are not eligible for any of the above resources, you will need to plan ahead for the time after a transplant when you are off work. Many people pull aside money to help pay bills. Others borrow money from friends and family. Fundraising is also an option. There are charitable organizations that help transplant patients raise funds for uncovered expenses. If you are not eligible for any of the above resources, you will need to plan ahead for the time after a transplant when you are off work.