Kidney and pancreas 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.

Financial Planning
For a kidney/pancreas transplant

Short-term Issues
- Paying for transplant surgery
- Covering living expenses while you are off work
- If you live out of the area, living expenses while you are staying close to Seattle

Long-term Issues
- Paying for the many medicines you will take after transplant

Paying for the Transplant

Commercial Group and Individual Policies
Most insurance plans will pay for a kidney or pancreas transplant. But, they have different levels of coverage and restrictions. Some do a good job of covering your transplant, but others may leave you with big gaps in coverage. Check your plan carefully to find out if it covers:

- Inpatient hospital stay. Does your policy cover inpatient charges at a certain percentage (such as 80% or 90%)? Or, do you pay a set co-pay for every day while in the hospital (such as $100 a day up to a certain maximum, such as $300)? Policies that pay a percentage of the costs will leave you with a larger bill to pay.

- Waiting periods. Most insurance plans require that you have the plan for at least 1 year before it will cover transplant-related expenses. Consider these transplant waiting periods any time you change insurance carriers.

- Coordination of benefits. If you are covered by more than one commercial insurance plan, such as through your own employer and your spouse’s employer, check with the secondary policy to find out its rules on coordination of benefits. This will help you find out how and if the secondary policy will cover expenses that are left over after your primary insurance pays.
**Medicare**

Medicare is a health insurance plan that is run by the federal government. It covers people who are on dialysis, have had a kidney transplant, have been on Social Security Disability for at least 2 years, or are at least 65 years old. There are 2 basic parts of Medicare:

- Part A covers hospital stays, including a kidney transplant.
- Part B covers doctor fees, both inpatient and outpatient, as well as all approved outpatient expenses.

Medicare has many deductibles and co-pays. With a kidney transplant, these can add up to thousands of dollars. Most people cannot afford a kidney transplant with Medicare coverage only and will also need other insurance.

**Medicare Supplements or “Medigap” Policies**

These policies supplement your Medicare coverage. Most times, they pay the Medicare co-pays and deductibles, but nothing more. Having Medicare and a supplement will likely cover most costs of a kidney transplant.

**Medicare Part D**

If you have Medicare Part A, or A and B, you can also sign up for Medicare Part D. This is also called the Medicare Prescription Drug Program. Part D has a separate monthly premium in addition to any premium you already pay for Medicare Part B. Part D will not pay for your immunosuppressive drugs – those are covered under Part B of Medicare. But, Part D can cover the many other medications you will take after a kidney transplant.

If you are on both Medicare and Medicaid, you will automatically be enrolled in Part D. You will not pay any monthly premium or deductibles for Part D. You might have a small co-pay for some medications.

If you are not on Medicaid, you may have to pay a monthly premium and annual deductible, plus co-pays for each prescription drug. If you are low-income but not on Medicaid, Medicare can provide a subsidy that pays the premium, deductibles, and co-pays. Call Social Security at 800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov) to apply for the low-income subsidy.
Medicaid

Medicaid is a health insurance plan that is paid for by the federal government and individual states. It is for people who are very low-income and medically disabled. It will pay 100% of covered medical expenses. Talk with your social worker to see if you qualify.

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 the Basic Health Plan if you are eligible for Medicare or Medicaid.

The Basic Health Plan plan has limited enrollment and is often full, and it may not be accepting new patients. To find out if the plan is accepting new patients, or to get your name on the waiting list, call 800-660-9840 or go to www.basichealth.hca.wa.gov.

Washington State Health Insurance Pool (WSHIP)

WSHIP is also a health insurance plan that is sponsored by the State of Washington. You must be rejected by another insurance plan, or have had your insurance cancelled, before you can enroll in this coverage. You can also enroll in WSHIP if your only insurance is Medicare.

In most cases, WSHIP has very good coverage. The cost can be high for people who are not on Medicare. If you are on Medicare, the cost is less. This is a good insurance plan for transplant patients who only have Medicare, or who are not eligible for Medicaid.

Review Your Coverage

If you have not already done so, review your medical insurance coverage with your transplant social worker. Your social worker can make sure you have enough coverage for your transplant.

Paying for Medications

Most times, the costs of medications are too high for patients to afford without the help of medical insurance. Check your prescription insurance coverage and know what your expected co-pays or deductibles will be. You will be on many medications post-transplant, and each one will have a co-pay.

It is also important to maintain coverage after your transplant because medication costs can be $12,000 to $15,000 every year. Even with medical insurance, you may have to pay part of the cost of prescription drugs.
Here are some questions to ask about your prescription drug coverage:

- Does your insurance cover prescriptions at a certain percentage (such as 50%, 80%, or 90%)? Or, do you pay a set co-pay per prescription (such as $10 per prescription for a month’s supply of the drug)?

- 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 that do not have generic options. These can be some of the most costly medicines that are prescribed. So, be aware if your policy requires you to pay a higher co-pay or percentage for name-brand medicines.

- Does your insurance offer a mail-order pharmacy? These mail-order pharmacies may allow you to get a 3-month supply of medicines for a lower co-pay than if you fill your prescriptions at a local pharmacy and can get only a 1-month supply.

**Medicaid**

Medicaid covers the total cost of most prescriptions. But, if you are on both Medicare and Medicaid, your prescription medications will be covered under Medicare Part D Prescription Drug Program and not Medicaid. Talk with your social worker if you are not sure if you qualify for Medicaid, or if you have questions about what program will pay for your medications.

**Medicare**

If you are on Medicare and have signed up for Part B, you will have limited outpatient prescription drug coverage after a transplant. Here are some rules for how prescription coverage under Part B works:

- Medicare Part B covers the immunosuppressive drugs at 80% for at least 3 years after a transplant. You (or your other insurance if you have it) will pay the 20% co-payment. Medicare will not cover any other outpatient medications.

- At 3 years after a transplant, your Medicare outpatient prescription drug coverage will end unless you:
  - Are at least 65
  - Or:
  - Have been on Social Security Disability (SSD) for at least 2 years

If you meet either of these 2 conditions, your Medicare outpatient immunosuppressive drug coverage will continue after 3 years post-transplant. Medicare drug coverage will not continue more than 3 years after a transplant if you are on Supplemental Security Income (SSI), unless you are at least 65. SSI is a different program than SSD (see the last page of this section).
• Medicare Part D Prescription Drug Program will not cover your immunosuppressive medications. But, it will cover the many other medications you will take after a kidney transplant. Medicare Part D will last as long as you are eligible for Medicare. This means that if your Medicare Parts A and B end at 3 years after a transplant, your drug coverage under Medicare Part D will also end at that time.

• If you have other insurance coverage, such as insurance through an employer or a spouse, Medicare will be your “secondary” insurance for the first 30 months of Medicare coverage. This means your other insurance pays first. If part of the medication bill is still left, that part can be billed to Medicare.

• Medicare is always the primary insurance if you have an individual health insurance policy.

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

• Many community pharmacies are not set up to bill Medicare Part B for prescription medicines. But, most pharmacies are able to bill Part D drug plans. If your pharmacy cannot bill Part B, please talk with your transplant social worker or pharmacist about different pharmacy options.

• Mail-order pharmacies that specialize in transplant medicines will do all your billing for you, including billing Medicare. If you have other insurance in addition to Medicare, the mail order pharmacies will check to see if they can bill that insurance for you, too.

• If you have no insurance coverage for certain medicines, some financial assistance programs through the drug companies may be able to help you. Check with your pharmacist or social worker for help with these programs.

There may be many changes to health care insurance and the options that are available because of federal health care reform laws. There are too many changes to list here, and some of them will not go into effect until after this guidebook is published. Please talk with your transplant financial counselor or transplant social worker for the latest information about what insurance options are available for you.

**Income While Off Work**

If you are working, your employer might provide disability income insurance. There are 2 types of income insurance: short-term and long-term.
Questions?
Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Transplant Services: 206-598-8881

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Short-term Disability
This pays part of your salary, often around 60%, while you are off work for a medical reason. Short-term disability usually covers your salary for 3 to 6 months.

Long-term Disability
This insurance pays part of your salary, often 60%, for as long as you are considered disabled and unable to work. But, you will usually need to be disabled for a minimum length of time, such as 90 days, before benefits will begin.

- **Social Security Disability (SSD)** – The Social Security Administration (SSA) has its own definition of disability for various illnesses, such as kidney disease or diabetes. The application process can take many months. If you are approved, the monthly amount you receive is based on how much money you have paid into the Social Security system through payroll taxes. SSA must consider you disabled for at least 5 months before benefits can begin. Also, your disabling condition must have lasted at least 1 year already, or be expected to last at least 1 year, to be eligible for SSD. Most transplant patients are not disabled for that long and should not rely on SSD to provide income while off work after a transplant.

- **Supplemental Security Income (SSI)** – This is a disability income program through the SSA. It is for disabled people who have not worked enough to pay much into the Social Security System and so are not eligible for SSD. The disability rules are the same as for SSD. But, SSI has strict income and financial limits.

  If you are already on SSD or SSI before your transplant, there is a chance you will lose these benefits afterward. Depending on why you were first 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.

Contact your transplant social worker or primary physician if Social Security starts an eligibility review.

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 put 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 money for uncovered expenses such as medical co-pays, travel, lodging, or lost income. If you want to try fundraising, talk with your social worker for ideas.