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Paying for your kidney transplant, **financial resources,** and help

How much does it cost to get a transplant?

You will have medical expenses leading up to the transplant, including lab tests that are part of the transplant evaluation, as well as the cost of the surgery and meds for life. Costs vary by patient and insurance company. Please contact the Member Services department of your insurance company to determine your costs under your policy.

For HMO patients, there is usually a fixed dollar amount. For PPO patients, you will usually pay a percentage of the cost up to a certain maximum amount. Each policy and insurance plan are different, so reach out to your company to find out more. On page 5, we have included a worksheet with the most important questions you should ask your insurance company. Remember, a family member or friend can help you to make these calls if you are feeling overwhelmed.

There are also additional costs beyond your hospital expenses. As you begin your transplant journey, you should think about:

- Logistical expenses (parking, gas, food, childcare, etc.).
- Lost wages during recovery.
- How to budget to save money and/or fundraise for your transplant, if needed.
- How to cover treatment for unknown conditions that may be found during evaluation.
- Medication and medication co-payments not covered by insurance.

What does the financial counselor do during my evaluation?

The financial counselor will work with you to determine whether you are ready to take on the costs of getting a kidney transplant. They will work with you to take steps to improve your financial readiness. Examples of what your financial counselor will discuss with you are:

- How to pay for your transplant.
- What to do if you need to raise money or seek charitable assistance.
- Where to look for more information on your insurance plan.

If your team decides that you are ready to be put on the transplant waitlist, we will then ask and obtain authorization from your insurance company to move forward with the transplant process. This authorization is valid for one year unless you switch policies or lose coverage. This will be done each year. Those who have Kaiser only need to do this once as re-authorization

is not required. To keep your transplant process moving smoothly, update your care team if there are any changes in your insurance.

I have Medicare. Will it cover everything and for how long?

If you have Medicare Part A (Hospital Insurance), it will cover the following:

- Inpatient services
- Kidney registry fee (getting on the waitlist)
- Any lab tests you and your donor need during evaluation
- The costs needed to find kidney for you
- Your donor's care
- Blood if you need a transfusion

If you have Medicare Part B (Medical Insurance), it will cover the following:

- Doctors' services for your surgery
- Doctors' services for your donor during their hospital stay
- Your immunosuppressant meds
- Blood if you need a transfusion

TIP For more information on different Medicare plans and to see Medicare covers a specific item, service, or test, visit [medicare.gov/what-medicare-covers](https://www.medicare.gov/what-medicare-covers).

If you are under the age of 65 and you were only being treated for ESKD under Medicare, your Medicare coverage will end 3 years after the date of your kidney transplant, if you are still younger than 65 years. If you are over the age of 65 and/or have another covered disability, your Medicare coverage will continue. You can also medically qualify for disability for 1 year after your transplant and should be able to receive additional financial assistance from the Social Security Administration. **This means it is important to plan for how you will pay for medical insurance and particularly your immunosuppressant meds after your surgery.**

Remember, if you drop your PPO or HMO, or reduce your insurance to disability PPO/HMO and rely on Medicare coverage, you may not be eligible to increase your benefits after your Medicare expires. Talk with your care team about any questions you have or visit [cms.gov/center/esrd.asp](https://www.cms.gov/center/esrd.asp).

I have COBRA. Can I still get a transplant?

COBRA medical insurance is offered when you leave your job if you are working for an employer with at least 20 employees. It is the same policy you had while working; only now you have to pay the whole premium yourself. If you are covered by COBRA medical insurance, you will have to pay the entire premium yourself instead of just a portion of it. Please talk to your workplace's Human Resources person to find out the cost for transplant because it will most likely be much higher than what you pay now.

If you decide to buy a private policy at the end of your COBRA, start the process during the last month of your COBRA coverage or sooner. Contact an insurance agent who represents several insurance companies to buy a policy with good medication coverage. In California and some other states, if you pay your COBRA on time for the full term, you then have 63 days to purchase a comprehensive private policy. This is one of the few times having a pre-existing condition **will not** affect your ability to purchase a good private policy. It is called **guaranteed** issue.



Where can I find more financial help?

During the evaluation stage, speak with your pre-coordinator about any financial concerns you may have. After evaluation, your care team will be able to answer any of your financial questions. A brief list of resources is included here, but you can see a full list of financial resources in the Resources handout.

Insurance coverage verification

Maintaining adequate insurance coverage is critical to your wellbeing. Insurance coverage verification, changes, or questions should be directed to your pre-coordinator or care team.

Difficulties with insurance

If you are experiencing difficulties with maintaining your insurance or with obtaining adequate prescription coverage, please contact the outpatient social worker for kidney and pancreas transplant by contacting the appropriate line below:

Pre-Transplant and Active Patients (on the waitlist)

(310) 825-6836

Post-Transplant

(310) 267-2555

Insurance or financial-related questions

For all insurance or financial-related questions please contact your Financial Counselor at the transplant center.

Financial assistance and fund-raising resources

If you feel that you may have difficulty funding your transplant, here is a list of financial assistance resources that may be helpful:

Help Hope Live

helphopelive.org

fundraising, emergency financial assistance

National Kidney Foundation

kidney.org

resources available for kidney patients

National Foundation for Transplant

transplants.org

fundraising assistance

Benefits Checkup

benefitscheckup.org

finding programs that can help pay for meds, healthcare, house bills, food, etc.

What should I ask my insurance company?

Talking to your insurance company to find out what they do and do not cover can be confusing. You will need to ask about insurance premiums, office co-pays, medication co-pays, and other expenses directly involved with your treatment. Use this guide to help you start a conversation and to get the most out of your call:

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1. How much do I pay for each admission to the hospital?

 2. How much do I pay per visit to a specialist?

 3. If I have a PPO policy, what is my deductible per year?
 - a. What is my out-of-pocket maximum per year?
 - b. When these are met, does my policy pay 100%?

 4. Do I have a lifetime maximum for medical coverage?

 5. Do I have travel or lodging benefits?
 - a. Does the insurance pay directly, or do I pay and get reimbursed by the insurance?
 - b. What is the maximum per day?
 - c. What is the maximum per illness?

 6. What is the annual maximum benefit for prescriptions?

 7. What is the lifetime maximum benefit for prescriptions?

 8. What is my co-pay for prescription medications:
 - a. Generic: \$ for a day supply
 - b. Brand name: \$ for a day supply
 - c. Non-formulary: \$ for a day supply

 9. Do I have mail order prescription benefits?

 10. Is there a case manager assigned to my case?
 - a. Name:
 - b. Phone number:

What will my medication copays be?

This is a list of common medicines kidney transplant patients take. You will not need to take all of these, but it's a good idea to find out now about what your copays for each of these could be. When you talk with your insurance provider, ask them about the medications on the list below.

Immunosuppressives:

- Cyclosporine (Neoral®, Gengraf®)
- Tacrolimus (Prograf®)
- Sirolimus (Rapamune®)
- Mycophenolate
- Mofetil (CellCept®)
- Prednisone

Anti-bacterial agents:

- Trimethoprim/Sulfamethoxazole (Bactrim®, Septra®, Cotrimoxazole)
- Dapsone
- Mepron (Atovaquone)

Anti-viral agents:

- Acyclovir (Zovirax®)
- Valganciclovir (Valcyte®)

Anti-fungal agents:

- Nystatin (Mycostatin®)
- Mycelex®
- Diflucan®

Anti-hypertensive agents:

- Diltiazem (Cardizem CD®, Dilacor XR®)
- Difenipine CR (Procardia XL®, Adalat CC®)
- Amlodipine (Norvasc®)

Ulcer prevention:

- Protonix®
- Prevacid®
- Pepcid®
- Prilosec®

Cholesterol lowering agents:

- Lovastatin (Mevacor®)
- Pravastatin (Pravachol®)
- Lapid®
- Lipitor®
- Zocor®

Supplements:

- Nephrovite (VistaBee, Renavite, Full Spectrum B with C)
- Folate (Folic Acid)
- Vitamin D 50,000TTJ
- Canola Oil