The A, B, C and D's of Medicare in CKD
Insurance Alphabet Soup

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Objectives

- **Explain** Medicare eligibility criteria and summarize the coverage provided under each part.
- **Compare** transplant-specific benefits and coverage gaps to those available during dialysis.

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Who is in the Room?

Employer/Commercial Plans

Employer Insurance Plans

Large Variability

- Deductible, copays, maximum out of pocket
- Network requirements
- Prescription benefits
- Referrals may be required

Medicare	vs	Medicaid
Federal program		State program
Apply through Social Security		Apply through State Dept of Human Services
Pay into through withholding taxes		"Needs" based
Red, White and Blue Card		"Card" is a slip of paper aka Medical Card, Public Aid

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The ABC and D's of Medicare

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Who qualifies for Medicare?

- Worked at job(s) that took out Medicare taxes for 40+ quarters (10 years)
- For people with CKD Stage 5 (ESRD) requiring dialysis or kidney transplant, may be able to use a spouse or parent's work history.
- Work requirements are pro-rated for younger people.
- Not "means" tested

Medicare Coverage of Kidney Dialysis & Kidney Transplant Services brochure
https://www.medicare.gov/publications/10128-medicare-coverage-of-kidney-dialysis-kidney-transplant-services.pdf

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When does Medicare eligibility start?

- 65 years old
- Two (2) years after disability begins
  - Waived if have ALS
- CKD Stage 5 (ESRD)
  - Beginning of the month of kidney transplant
  - 3 months after starting in-center dialysis
    - Waived if do self-care training

Medicare is not always the primary insurance!

Medicare and You 2026 publication
https://www.medicare.gov/publications/10050-medicare-and-you.pdf

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Coordination of Benefits (COB)

When there is more than one (1) insurance

If you have **retiree** health coverage (like insurance from your or your spouse's former employment)…	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's **current** employment, and the employer has **20 or more employees**.	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's **current** employment, and the employer has **fewer than 20 employees**.	Medicare pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's **current** employment, and the employer has **100 or more employees**.	Your group health plan pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's **current** employment, and the employer has **fewer than 100 employees**.	Medicare pays first.
If you have group health plan coverage based on your or a family member's employment or former employment, and you're eligible for Medicare because of **End-Stage Renal Disease (ESRD)** (permanent kidney failure requiring dialysis or a kidney transplant)…	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare pays first after this 30-month period.

Medicare Coordination of Benefits publication
https://www.medicare.gov/publications/11546-Medicare-Coordination-of-Benefits-Getting-Started.pdf

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COB for ESRD

If you have group health plan coverage based on your or a family member's employment or former employment, and you're eligible for Medicare because of **End-Stage Renal Disease (ESRD)** (permanent kidney failure requiring dialysis or a kidney transplant)…	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare pays first after this 30-month period.

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What does Medicare Cover?

Medicare Part A
Hospital
Inpatient Services

- Free benefit (no premium) for most people
- $1676 deductible in 2025
- Essentially 100% coverage for inpatient care, after deductible is met

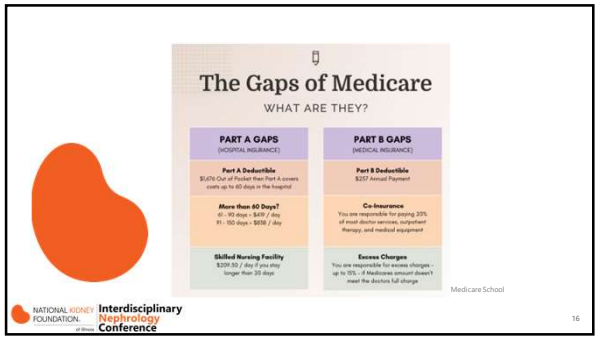
Medicare.gov
https://www.medicare.gov/publications/10050-medicare-and-you.pdf

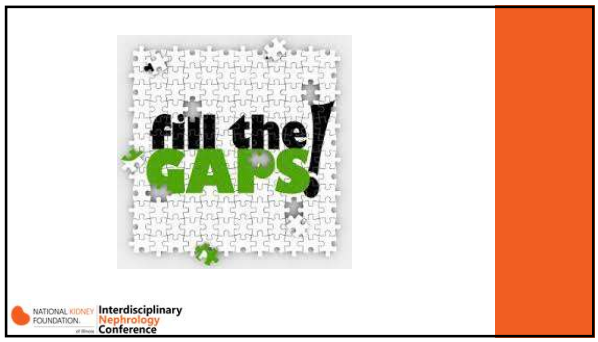
Medicare Part B
Medical
Outpatient Services

Covers most services at 80%

- Average monthly premium is $185/mo in 2025, although can be higher based on household income
- $257 deductible in 2025 and 20% coinsurance
- No Maximum Out of Pocket
- Office visits
- Dialysis treatments
- Outpatient procedures, e.g. colonoscopy, dialysis access surgery, radiology, cardiac testing
- **For most transplant patients… anti-rejection medicines**

Medicare.gov
https://www.medicare.gov/publications/10050-medicare-and-you.pdf

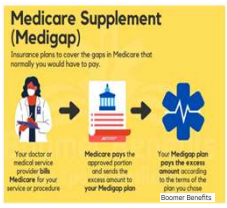




Medicare Supplement Plan Medigap

Fills the gaps that Medicare does not cover

- Different levels of coverage, e.g., Plan G are the same across carriers. Easy to compare
- No network restrictions, any provider that accepts Medicare will accept these plans
- Need Part D for most medications
- Limited times to enroll in a Supplement plan
- Premiums may be more expensive than the Advantage plans



Medicare Advantage (a.k.a. Medicare Part C, Medicare + Choice, Medicare Replacement plans)

Combines Parts A, B and usually D
- Cover things "at least as good as" Original Medicare
- Part B bundled meds
- Usually cheaper premium than Supplements
- **Anti-rejection medicines**
  - **Often cover at 80% since usually covered under Part B**

May offer additional benefits
- Dental, vision, transportation
- Network requirements
- Out of pocket expenses
- Difficult to compare
- **Encourage patients to talk with their health care team before making that switch!!**

Understanding Medicare Advantage publication https://www.medicare.gov/publications/12026-understanding-medicare-advantage-plans.pdf

What about these?

MEDICARE PART D COVERAGE 2025

Seniors65

Medicare Part D

- Premiums change every year
- Deductible changes every year
- Coverage throughout the calendar year varies as the person moves through their out-of-pocket costs
- Year to year the "best plan" may change… check to see if they are still in the best plan for them
  - Patient's medications change
  - Formularies change
  - Copays change
  - LIS plan changes

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When reviewing Part D options …

Patient needs the list of medicines through **Part D**

- For transplant, know if anti-rejection medicines are covered by Part B or D.
  - Part B – if the patient had Medicare Part A effective date before the transplant. This is for most patients.
  - If Part B is supposed to cover the anti-rejection medicines AND they do NOT have Part B, Part D will NOT cover them.
    - Problem if never enrolled in Part B and Medicare is now Primary
    - Problem when they lose Part B due to non-payment of premiums
    - Once a B drug, always a B drug
- If on dialysis, know which medicines are covered through the "bundle"

Prescription drugs (outpatient) Medicare.gov
https://www.medicare.gov/coverage/prescription-drugs-outpatient

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Medicare Extra Help 2025
(LIS – Low Income Subsidy)

Helps with Part D premiums, deductibles and copays for people whose income is over the Medicaid guideline but 135-150% FPL.

- Full LIS 135% of Federal Poverty Level (FPL)
  - Income: $21,132 single, $28,548 couple
- Partial LIS 135-150% of FPL
  - Income cap: $23,472/$31,728
- Assets: $17,600/$35,150

Help with Drug Costs, Medicare.gov
https://www.medicare.gov/basics/costs/help/drug-costs

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Illinois Medicaid

aka Medical Card, Public Aid

Illinois Medicaid

- Apply through Illinois Department of Human Services
  - In person
  - Online: https://abe.illinois.gov/access/
- Qualify under Aid to the Aged, Blind and Disabled (AABD) or Expanded Medicaid
- "Means Tested"
  - Looks at household size, income and assets
  - If qualify through AABD and income is over guidelines, may have a Spend Down.
- Recertify annually

Illinois Medicaid Managed Care Plans

Aetna Better Health
Blue Cross Community
CountyCare
Meridian
Molina

People with Medicare and Medicaid can "opt out" of these plans.

WMG 20-24-02: Leaving an MCO

https://www.dhs.state.il.us/page.aspx?item=18100

Illinois MMAI plans ending 12/31/25

As of 1/1/26 people who have Medicare and Medicaid can enroll in a Medicare Advantage D-SNP (Dual eligible Special Needs Plan).

- If their MMAI plan has a D-SNP they will automatically be transitioned. (Blue Cross does not have a D-SNP.)
- The plans are still optional.
- Enrollment would go through Medicare, not Illinois Medicaid Client Enrollment
- Patients should be getting letters from their insurance about their benefits in 2026.

https://hfs.illinois.gov/medicalproviders/cc/mmai.html

Health Benefits for Workers with Disabilities

Can buy into Medicaid if:

- Working at a job that takes out taxes
- Between SSA and wages, single person can earn $4393/mo in 2025
- Sliding scale premiums

https://hfs.illinois.gov/medicalprograms/hbwd.html

Immigrant Health Insurance Resources

- HBIA completely closed 6/30/25
- HBIS closed to new applicants, current recipients covered
- Dialysis Only Medicaid
- Limited Medicaid post kidney transplant benefit
  - Have to be over a year post transplant

https://hfs.illinois.gov/medicalclients/healthbenefitsforimmigrants/healthbenefitsforimmigrantadults.html

- Off Marketplace Plans:
  - AKF while on dialysis
  - Illinois Transplant Fund – currently accepting applications

https://illinoistransplantfund.org/eligibility/

Things I wished kidney transplant patients remember from what I told them during my assessment…

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Medicaid Spenddown

When a person is on dialysis, there are a lot of large, monthly bills that can be used for the spenddown. Sometimes the dialysis unit sends the bills to Medicaid on the patient's behalf.

- **After transplant, the large, ongoing bills are from the pharmacy.**
- **Patients have to submit bills/receipts themselves on a monthly basis to have copay assistance in real time.**

Many people who have a spenddown lose Medicaid after transplant.

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AKF-HIPP ends…

American Kidney Fund®

Health Insurance Premium Program (HIPP) is availability indefinitely (as long as funds are available) while on dialysis.

- After transplant, the assistance is only available through the remainder of the "plan year," typically 12/31.
- Transplant recipients need to be very proactive in working with the transplant team to get the premiums paid through the end of the year.
- Transplant recipients need to have a plan to keep the insurance active after AKF stops paying the premiums.

https://www.kidneyfund.org/get-assistance/health-insurance-premium-program

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AKF-HIPP

Many patients/families seem confused about the process and do not know how much their premiums are.

There is nothing like what AKF provides for transplant recipients.

In my experience, very few people are able to pay the premiums themselves when the HIPP assistance ends, so most end up losing that insurance coverage.

WORD ON THE STREET

Increased Patient Costs

Medicare **estimates**

- Part A deductible $1,676 → $1,716
- Part B premium $185 → $206.50
- Part B deductible $257 → $288
- Part D deductible $590 → $615
- Part D max out of pocket $2,000 → $2100

https://www.medicareresources.org/faqs/what-kind-of-medicare-benefit-changes-can-i-expect-this-year/#parta

Marketplace
aka ACA plans, ObamaCare

Marketplace plans

- Open Enrollment (11/1 through 1/15)
- Can be expensive, high deductibles, copays and maximum out of pocket
- Prices increasing in 2026 and premium supports expiring

Overall 2026 proposed rate change among ACA Marketplace plans, by insurer

State	Company	Requested Rate Change
Illinois	Blue Cross and Blue Shield of Illinois	27.0%
Illinois	Celtic Insurance Company	56.6%
Illinois	Cigna HealthCare of Illinois, Inc.	9.3%
Illinois	MercyCare HMO, Inc.	9.3%
Illinois	Molina Healthcare of Illinois, Inc	54.9%
Illinois	Oscar Health Plan, Inc.	4.7%
Illinois	UnitedHealthcare of Illinois, Inc.	20.8%

Source: KFF analysis of data from [redacted] and insurer rate filings

Powered by Health System Tracker

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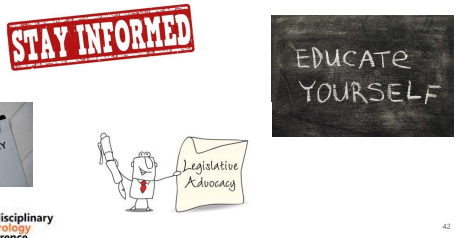

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