

Understanding dialysis treatment costs

Your insurance coordinator is here to help you:

- Understand the cost of dialysis, your insurance coverage, and the benefits available to you
- Identify secondary coverage and assist with coordination of benefits
- Explore resources and assistance that may be available to help lower healthcare expenses

Four things to know about insurance and dialysis

You don't have to quit your job when you go on dialysis.

Working is a great way to stay active and keep your insurance coverage. Plus, there are laws that may protect you. Learn more at **FreseniusKidneyCare.com/Workers**.

Covered by insurance.

Many insurance plans cover home dialysis

Many insurance plans cover home dialysis equipment. Your insurance coordinator will help you confirm coverage or determine if you need secondary insurance.

Your home dialysis equipment is likely

You have several insurance options available to you on dialysis.

Insurance types that cover dialysis may include: employer group health plans, Medicare, Medicare Advantage, Medigap, Medicaid, and more. Ask your insurance coordinator for details.

Help may be available if you're feeling overwhelmed by dialysis costs.

Talk to your care team about payment options and available resources. They can help you figure out next steps. Don't stop dialysis without discussing your options.



INSURANCE IS MORE THAN JUST A MONTHLY EXPENSE

Each insurance plan has different levels of coverage for doctor visits, medication, and added services or equipment. Review your plan's benefits carefully, so you know what to expect—and reach out to your insurance provider if the costs aren't clear to you.

Key insurance terms explained

Explanation of Benefits (EOB)—a statement sent by your health insurance provider that explains which treatment and service charges were covered by insurance and also shows any remaining balance. The EOB is not a bill.

Primary payer/Secondary payer—the order of financial responsibility for payers (meaning which insurer pays first) when an individual is covered by more than one insurance plan.

Coordination of Benefits (COB)—the determination of which insurance provider pays first when an individual is covered by more than one insurance plan.

Co-pay/Co-payments—the fixed out-of-pocket expense you're responsible for paying for appointments, medications, or services (e.g., \$15 co-pay per office visit). Co-pays differ from plan to plan.

Out-of-pocket limit/maximum—the maximum amount you pay out of pocket for covered medical expenses over the course of a year before insurance covers 100% of the expenses.

Deductible—the amount of money you pay out of pocket each year for medical expenses before your insurance starts making payments on claims.

Co-insurance—the percentage of insurance costs you are responsible for paying once you've paid your deductible (i.e., your insurance pays 80% and you pay 20%).

In-network/Out-of-network—many plans have a network of healthcare providers. Using in-network providers means you'll generally pay less for services. Depending on your plan type, in most instances you will pay more or pay 100% of the cost if you go to an out-of-network provider.



More questions?

Learn more about health insurance options at FreseniusKidneyCare.com/Insurance.

Need financial assistance? Talk to us.

Ask your insurance coordinator or social worker which type of assistance is available for you. Potential resources include:

- Social Security
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- State kidney care programs



CONSIDER A COMPREHENSIVE OR SECONDARY INSURANCE PLAN

Comprehensive plans, including employer group health plans or Medicare Advantage, and secondary insurance plans can help cover the majority of dialysis costs and reduce your out-of-pocket costs. Ask your insurance coordinator which plan could be best for you or visit FreseniusKidneyCare.com/Insurance.