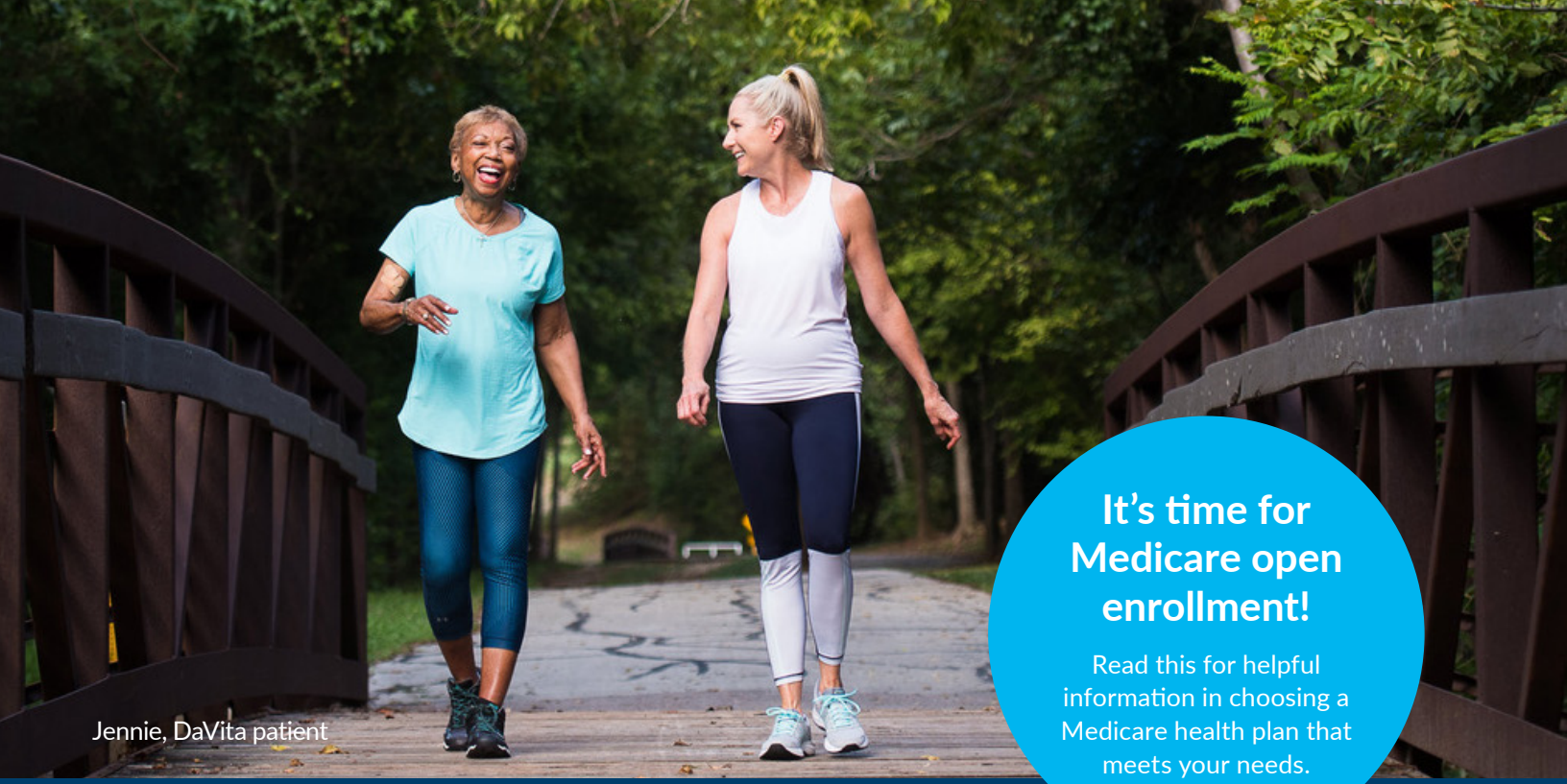


Jennie, DaVita patient

It's time for Medicare open enrollment!

Read this for helpful information in choosing a Medicare health plan that meets your needs.

2025 Medicare Education Guide

A guide for DaVita dialysis patients who have Medicare

DaVita health insurance educators are here to help

DaVita health insurance educators are a dedicated educational resource for all DaVita dialysis patients. They are available to help you understand your current Medicare coverage and learn more about your Medicare options, including cost, provider and benefit considerations and applicable coverage restrictions. If you'd like to receive education, you can call **1-833-959-1724** or complete the online insurance support request form at **DaVita.com/MedicareOptions**. Read more about your insurance counseling acknowledgement on page 11.

DaVita.com/MedicareOptions

DaVita® Kidney Care

Welcome!

We're glad you chose DaVita as your dialysis provider. We created this guide to help dialysis patients who currently have Medicare as their primary health insurance coverage understand the basics of Medicare and their Medicare coverage options.

IMPORTANT CONSIDERATION: DaVita health insurance educators cannot recommend one coverage type or plan option over another. Several third-party tools and resources are available to help you make your coverage decision, including enrolling in different coverage, and a few have been included on the back of this guide.

A quick look at what's inside this guide

Section 1. Ways to get your Medicare coverage

Medicare is a national health insurance program administered by the U.S. federal government for people who are 65 or older, or under 65 with certain disabilities. It's also for dialysis patients diagnosed with end stage kidney disease (or ESKD). There are two main ways to get your Medicare coverage—Original Medicare (Medicare Part A and Part B) and Medicare Advantage (Medicare Part C). Here's a quick look at how these two options compare, with more detailed information on the following pages.

What is Original Medicare?

Medicare Part A, your hospital insurance

Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Most people covered by Original Medicare don't pay a monthly premium for their Part A. However, if you don't qualify for premium-free Part A, you can buy Part A for up to $506 each month in 2023.

Medicare Part B, your medical insurance

Medicare Part B covers certain doctors' services, outpatient care, medical supplies, and some preventive services. It also covers transplant and immunosuppressive drugs for 36 months after transplant. Most people covered by Original Medicare pay a monthly Part B premium. The standard Part B premium in 2023 is $164.90 but could be higher depending on your income.

People covered by Original Medicare can see any provider who accepts Original Medicare and is accepting new patients, and they don't need a referral.

Overview of annual costs associated with Original Medicare

Aside from the monthly premium(s), with Original Medicare you must meet your deductible before Medicare will pay their share of costs for covered services and supplies. You will continue to be responsible for copayments and coinsurance, and there is no cap or out-of-pocket maximum on the amount you may pay for the year (unless you have other secondary coverage – see below for more information).

Monthly Premium	+	Copayments	+	Deductible	+	Coinsurance	=	Annual out-of-pocket spending
The amount you pay to Medicare, an insurance company, or a health care plan each month for your health coverage.		The amount you may be required to pay as your share of the cost for a service (for example, $15 for a doctor visit) at the time you receive it.		The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.		An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).		

Additional coverage with Original Medicare

Original Medicare doesn't cover all health care services and supplies, nor does it pay all costs. Some people, if they're eligible, choose to get additional coverage to help. As a reminder, Original Medicare doesn't limit how much you pay out-of-pocket each year, which can be more than $8,850 for dialysis alone for patients with Original Medicare and no secondary coverage.

1. **Medicare Part D,** or prescription drug coverage, is sold by insurance companies and helps cover the cost of prescription drugs (including many recommended shots or vaccines).

2. **Medicare Supplement Insurance,** or Medigap, is sold by insurance companies and fills "gaps," helping to cover some of the remaining health care costs not covered by Medicare Part B like deductibles, copayments and coinsurance. Some Medigap policies also cover services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

   Important consideration: Insurance companies aren't required to sell you a Medigap policy if you do not have "guaranteed issue rights." You can learn more about Medigap and situations that may qualify you for a guaranteed issue right by calling **1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048)** or by visiting **Medicare.gov**.

3. **Medicaid** is an income-based joint federal and state program that covers services rendered by providers who accept Medicaid, typically within your state. Medicaid also often provides dental, transportation and prescription benefits.

   Important consideration: To be eligible for Medicaid, you must meet your state's income requirements or certain non-financial eligibility criteria (for example, be pregnant). Not all dialysis patients with Medicare qualify for Medicaid. You can learn more by visiting **Medicaid.Gov/Medicaid/Eligibility/Index.html** or calling your state Medicaid office.

4. **Employer group health plan** is health insurance provided by your employer (or through your spouse's or parents' employer) that often covers all or some of your health care services, leaving you responsible for paying only the deductible, coinsurance or copay. Coverage and benefits vary by plan. Speak with your employer to learn more about your current plan or available group health plan options.

Medicare Part D, Medigap plans and employer group health plans typically have a monthly premium, in addition to the Part B premium, and can vary depending on the plan you have.

What is Medicare Advantage?

Medicare Advantage is an "all-in-one" alternative to Original Medicare. The federal government contracts with insurance companies to offer these plans that bundle Medicare Part A, Part B and usually Part D.

Benefits

Medicare Advantage plans cover the same services as Original Medicare. They also often offer extra benefits not covered by Original Medicare, like vision, dental and hearing coverage. Other services could include transportation (like to your dialysis center), meal delivery service and over-the-counter drugs. Most plans often include prescription drug coverage.

Cost

In addition to your Part B premium, you may pay a monthly premium for the Medicare Advantage plan and you may have different out-of-pocket costs than you do with Original Medicare. Unlike with Original Medicare, these plans set a limit on what you'll have to pay out-of-pocket each year for covered services to help protect you from unexpected costs.

Provider networks

Medicare Advantage plans can also have different rules for how you get services and may require you to see network providers or pay more to go out of network. Some plans won't cover services from providers outside the plan's network and service area, and you may need to get a referral to see a specialist.

Coordination of coverage

Depending on any secondary coverage you have, you may be able to keep that coverage and use it with a Medicare Advantage plan. For example, you can usually keep Medicaid or commercial insurance, like an employer group health plan. If you have Medigap, you can't use it to pay your Medicare Advantage premium, deductible or copayments and therefore may want to drop it.

To be eligible for Medicare Advantage, you must first enroll (or already be enrolled) in both Medicare Part A and Part B.

Extra benefits available through Medicare Advantage

Medicare Advantage plans typically offer additional benefits Original Medicare doesn't, such as vision, dental and hearing coverage. Here's a quick look at some of the potential benefits you could get. To understand specific benefit details you could receive, you'll want to review specific plans available in your area.

- Dental
- Eye exams and glasses
- Hearing aids
- Meal and grocery benefits
- Telehealth
- Over-the-counter drugs
- Prescription drugs
- Bathroom safety
- In-home support
- Transportation
- Personal emergency response system
- Gym membership

The benefits you could receive depend on the plan you enroll in and the type of plan it is. For more information on the different types of Medicare Advantage plans go to page 6.

KEY TERMS

Out-of-Pocket Maximum: The most you will have to pay for covered medical expenses in a health insurance plan's year before your insurance plan begins to pay 100% of covered medical expenses.

Provider Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Overview of annual costs associated with Medicare Advantage

Monthly Premium	+	Copayments	+	Deductible	+	Coinsurance	=	Annual out-of-pocket spending, subject to Out-of-Pocket Maximum
The amount you pay to Medicare Advantage, an insurance company, or a health care plan each month for your health coverage.		The amount you may be required to pay as your share of the cost for a service (for example, $15 for a doctor visit) at the time you receive it.		The amount you must pay for health care or prescriptions before Medicare Advantage, your prescription drug plan, or your other insurance begins to pay.		An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).		

Original Medicare vs. Medicare Advantage costs at a glance

Listed below is a basic cost comparison for Original Medicare and Medicare Advantage. Costs for Part D prescription drug coverage and/or other secondary coverage vary by plan and are in addition to your Original Medicare or Medicare Advantage costs.For help comparing costs, you can visit the Medicare Plan Finder at **Medicare.Gov/Plan-Compare** or contact a DaVita health insurance educator for more dedicated support.

MONTHLY PREMIUM

Original Medicare	VS	Medicare Advantage
Most people only have a Medicare Part B premium Medicare Part A: up to $506 Medicare Part B: typically $174.70[1]		In addition to Medicare Part A and Part B premiums Varies by plan, many as low as $0 per month

ANNUAL OUT-OF-POCKET COSTS

Original Medicare	VS	Medicare Advantage
No limit on what you pay out of pocket each year Dialysis treatment alone can exceed $8,850 each year depending on secondary coverage you may have		Varies by plan and cannot exceed $8,850 for the year for in-network services.

ANNUAL DEDUCTIBLE

Original Medicare	VS	Medicare Advantage
Medicare Part A: $1,632 Medicare Part B: $240		Varies by plan After you reach the annual out-of-pocket maximum each year, the plan pays 100% of covered health expenses

COPAYMENTS AND COINSURANCE

Original Medicare	VS	Medicare Advantage
Medicare Part A: Depends on duration of in-patient hospital stays Medicare Part B: You typically pay 20% for most services, including dialysis		Varies by plan and cannot exceed Original Medicare After you reach the annual out-of-pocket maximum each year, the plan pays 100% of covered health care expenses

1. The numbers represented above are based on 2023 amounts determined by Medicare and are subject to change annually.

Section 2. Deeper dive into Medicare Advantage

The different types of Medicare Advantage plans

There are five types of Medicare Advantage plans. Most people enroll in three main plans. The main difference between each is how you pay and receive health care services:

- Health Maintenance Organization (HMO) Plans
- Preferred Provider Organization (PPO) Plans
- Special Needs Plans (SNPs)

Important consideration: Private Fee-for-Service (PFFS) Plans and Medical Savings Account (MSA) Plans are not covered in this guide. You can visit **Medicare.gov** for more information on these two types of Medicare Advantage plans.

Depending on where you live, all, some or none of these types of plans may be available. To see all Medicare Advantage plans available to you, visit **Medicare.gov/Plan-Compare**.

Health Maintenance Organization (HMO) plans

Lower premiums and deductibles	Typically only covers in-network services	Need a referral to see specialists

A health maintenance organization (HMO) plan is a type of Medicare Advantage plan that generally provides health care coverage from providers in the plan's network (except emergency care, out-of-area urgent care or out-of-area dialysis), with an emphasis on prevention.

Most HMOs require you to get a referral from your primary care doctor for specialist care, including when you travel out of the coverage area or network. If you get health care outside the plan's network, you may have to pay the full cost. It's important that you follow the plan's rules, like getting prior approval for a certain service when needed.

Preferred Provider Organization (PPO) plans

Sometimes higher premiums and deductibles	Can go out of network (but usually costs more)	No need for referrals to see specialists

A preferred provider organization (PPO) plan is another kind of Medicare Advantage plan that has a network of providers you can use, but you can also use out-of-network providers for covered services, usually for a higher cost. Because certain providers are "preferred" (as the name suggests), you can save money by using them. For patients with secondary coverage, you may not experience higher costs by enrolling in this type of plan.

Special Needs Plans (SNPs)

A Special Needs Plan (SNP) is another kind of Medicare Advantage plan that provides benefits and services only to people who live in the plan's service area and have specific diseases, certain health care needs or limited incomes. SNPs tailor their benefits, provider choices and list of covered drugs to best meet the specific needs of the groups they serve.

Chronic Condition SNPs (C-SNPs)

C-SNPs are specialized Medicare Advantage plans that provide coordinated care for patients with severe chronic illness, like chronic heart failure, type 2 diabetes and end stage kidney disease requiring dialysis.

Dual-eligible SNPs (D-SNPs)

Dual-eligible SNPs are specialized Medicare Advantage plans that coordinate your Medicare and Medicaid benefits together, if you have Medicaid. These types of plans help you manage your health care benefits and costs in one place, versus having to work with Medicare, Medicaid and an insurance company separately.

Institutional SNP (I-SNPs)

Institutional SNPs are specialized Medicare Advantage plans that provide coordinated care for patients in long-term care facilities, like a nursing home or skilled nursing facility. These types of plans are available in some states, but not all, and require you to have had or are expected to need, for 90 days or longer, the level of services provided in a long-term care facility.

Comparing Medicare Advantage plans side-by-side

The chart below shows basic information about each type of Medicare Advantage plan. There may be additional plan types available in your area. Visit **Medicare.gov** to learn more.

	HMO	PPO	SNP
Does the plan offer prescription drug coverage?	**Usually** If you join a HMO that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	**Usually** If you join a PPO plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	**Yes** All SNPs must provide prescription drug coverage
Can I use any doctor or hospital?	**Sometimes** You generally must get your care and services from doctors, other health care providers or hospitals in the plan's network (except emergency care or out-of-area dialysis). In some caases, you may be able to get some services out of network for a higher copayment or coinsurance.	**Yes** Each plan has a network of doctors, hospitals and other providers that you may go to. You may also go out of the plan's provider network, but your costs may be higher.	**Sometimes** Generally, you must get your care and services from doctors or hospitals in the SNPs network (except emergency care or if you need out-of-area dialysis). However, if your SNP is a PPO you can get Medicare covered services out of network.
What should I do regarding my dialysis clinic and/or transplant center?	Before changing your insurance or enrolling in a new insurance plan, you'll want to check whether your health care providers accept the plan you're considering. You should also speak with your transplant team, if you have one, before making any changes to your insurance.		
Do I need a referral to see a specialist?	**Yes**	**No**	**Sometimes**

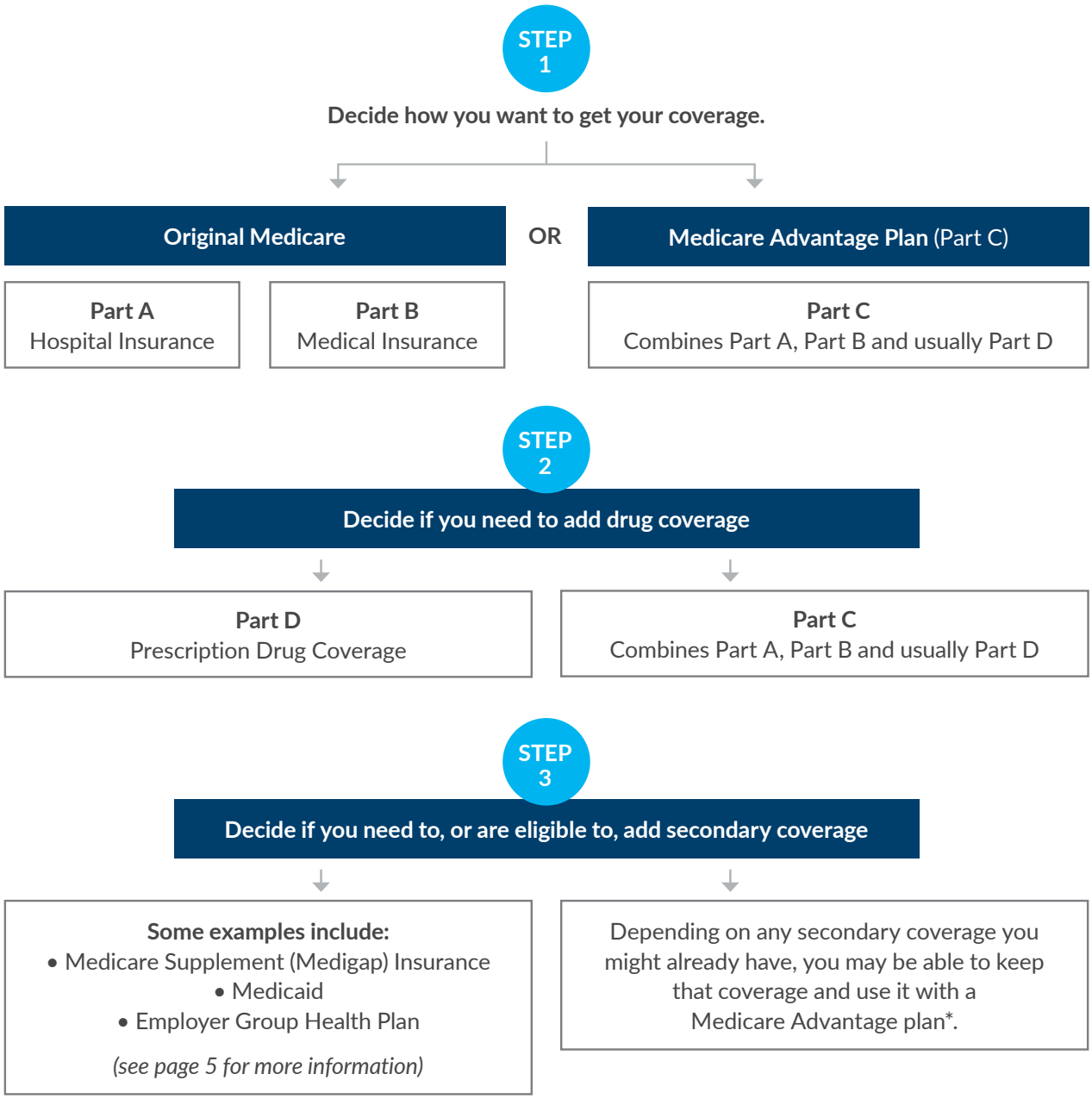
Depending on where you live, all, some or none of these types of plans may be available. To learn more about the specific plans you're eligible for, you can visit **Medicare.gov/Plan-Compare** or work with one of the third-party resources on the back cover.

Section 3. Choosing your Medicare coverage

Decide how you want to get your Medicare coverage

As reviewed earlier in this guide, there are two main ways to get your Medicare coverage: Original Medicare and Medicare Advantage. Depending on how you decide to get your Medicare coverage, you may also choose to get additional, secondary coverage to help with costs and have access to more benefits, if eligible.

Below is a quick overview to help you think through what coverage option would be best for you. Throughout the rest of this guide, we've outlined more detailed considerations to keep in mind when thinking of changing your Medicare coverage, especially when it comes to Medicare Advantage.



*If you join a Medicare Advantage plan, you can't use and can't be sold a Medicare Supplement Insurance (Medigap) Policy.

Making changes to your Medicare coverage

If you enroll in a Medicare Advantage plan, depending on your current coverage, you may get access to extra benefits you don't already have, be able to coordinate your coverage for better care, and have higher or lower annual health care expenses.

	If you enroll in a Medicare Advantage Plan			
Your current coverage	**Receive additional benefits**	**Potentially limit your annual spending**	**Coordinate your secondary coverage**	**Keep your existing providers**
Original Medicare only	✓	✓	N/A	Sometimes
Original Medicare with Medicaid	✓	Sometimes	✓	Sometimes
Original Medicare with employer group health plan	✓	Sometimes	Sometimes	Sometimes
Original Medicare with Medigap	✓	Sometimes	✗	Sometimes

As you review your Medicare coverage options, here are a few questions to consider:

1. Do you want to better manage your health care costs and limit your out-of-pocket spending?
2. Do you want additional benefits you may not have access to today, like dental, vision or over-the-counter drugs?
3. Are your providers, like your nephrologist or dialysis center, in-network with the plan you're considering?
4. Do you have Medicare Supplement Insurance or a Medigap plan?

For more information on what you need to know about your Medicare options, particularly Medicare Advantage, based on the coverage you have today, see page 10.

Napoleon, DaVita patient

Considerations to keep in mind when thinking of switching to Medicare Advantage

Do you want to better manage your health care costs and limit your out-of-pocket spending?

Depending on your current coverage, enrolling in a Medicare Advantage plan could help you limit your annual health care costs. Medicare Advantage plans have an annual spending limit of $8,850 or less for in-network services (for 2024).

1. **If you only have Original Medicare:** Original Medicare doesn't limit how much you pay out-of-pocket each year, which can be more than $8,850 for dialysis alone. These plans may require copays or coinsurance until your annual limit is met.

   Additionally, if you enroll in a Medicare Advantage plan, your transplant costs are typically included in your out-of-pocket costs and contribute toward your annual maximum spending limit, if your transplant center or related services and providers are in network with plan. This means that if you are pursuing a transplant, enrolling in Medicare Advantage could help you reduce your out-of-pocket costs versus if you continued with Original Medicare.

   It's important to note that enrolling in a Medicare Advantage Plan will not increase your likelihood of getting a transplant. Speak with your transplant team, if you have one, before making any changes to your insurance.

2. **If you have secondary insurance, like Medicaid or an employer group health plan:** If you remain eligible for your secondary insurance, it can help cover the costs that Original Medicare and Medicare Advantage don't, including your monthly premiums and some out-of-pocket costs, and your overall annual costs likely will not increase.

3. **If you have Medicare Supplement Insurance or Medigap:** Some Medigap plans help cover 100% of your out-of-pocket costs, but Medicare Advantage plans don't. However, with Medigap, you may have a separate Medicare Part D plan for prescription drug coverage, and many Medicare Advantage plans often include this coverage. If you keep your Medigap plan, you will have to continue to pay the plan's premium and not be able to use it to pay your Medicare Advantage plan premiums, deductibles or copayments or coinsurance. Depending on your Medigap and/or Medicare Advantage plans, your costs could increase if you decide to keep your Medigap plan after enrolling in a Medicare Advantage plan.

Do you want additional benefits you may not have access to today, like dental, vision or over-the-counter drugs?

Regardless of the coverage you currently have, Medicare Advantage plans must cover the same services that are covered by Original Medicare. This includes Medicare Part A and Part B. In all types of Medicare Advantage plans, you're always covered for emergency and urgent care.

Medicare Advantage plans typically offer extra benefits not covered by Original Medicare, like vision, dental, and hearing coverage. Other services could include transportation (like to your dialysis center), meal delivery service and over-the-counter drugs. And most plans often include prescription drug coverage.

Depending on your current coverage, enrolling in a Medicare Advantage plan could give you access to benefits you don't currently have or it could give you additional, more comprehensive benefits or benefits you may not be receiving at all.

If you have Medicaid, you can choose to enroll in a D-SNPs specialized to combine or coordinate Medicare and Medicaid benefits together.

Are your providers, like your nephrologist or dialysis center, in network with the plan you're considering?

Medicare Advantage plans typically have a specific network of providers you can see, whereas with Original Medicare you can go to any provider that accepts Medicare. Before enrolling in a Medicare Advantage plan, you'll want to check whether your health care providers accept Medicare Advantage. If they don't, you may have to pay the full cost for services received if you get health care outside the plan's network.

If you're thinking about joining a Medicare Advantage plan and are on a transplant waiting list or think you need a transplant, check with the plan before you join to make sure your doctors, other health care providers and hospitals are in the plan's

network. It's important that you follow the plan's rules, like getting prior approval or authorization for a certain service when needed. You should also speak with your transplant team before making any changes to your insurance.

Do you have Medicare Supplement Insurance or a Medigap plan?

If you have Medigap and join a Medicare Advantage plan, you may want to drop your Medigap. This is because you can't use Medigap to pay your Medicare Advantage plan premiums, deductibles, or copayments or coinsurance. If you drop your Medigap plan, you might not be able to re-enroll in a Medigap plan. However, if you join a Medicare Advantage plan for the first time and you aren't happy with the plan, you'll have special rights under federal law to buy a Medigap plan and a Medicare drug plan if you return to Original Medicare within 12 months of joining the Medicare Advantage plan.

Your insurance counseling acknowledgement

As a patient with DaVita, you have the right to select the insurance coverage of your choice. The information below outlines considerations when reviewing and selecting insurance coverage. The decision of whether to enroll in different coverage is always yours, and you should enroll in the coverage you feel is best for you. We encourage you to research all coverage options available to you to identify the insurance that best meets your individual needs and preferences. If you have questions on your insurance options, you may discuss with your DaVita health insurance educator.

As a DaVita patient, I understand that information provided to me by DaVita is based on a good faith understanding of available insurance options. When choosing health insurance coverage, I also understand:

1. **Personal Choice:** I should enroll in the health insurance plan I feel is best for me.

2. **Research:** I should perform my own research into available health insurance options. Options available to me could include Medicare, Medicare Advantage, Medicaid, a health insurance exchange plan or other individual commercial plan, a plan through an employer, etc.

3. **DaVita Health Insurance Educators:** DaVita teammates provide objective and fact-based insurance education. DaVita teammates do not recommend specific insurance plans.

4. **Benefits and Provider Network:** I should research the benefits, services and provider networks associated with the insurance options I am considering.

   Examples of benefits and services to consider include dialysis benefits, prescription coverage, family versus individual coverage, etc. It is important for me to understand whether current or potential future health care providers accept the insurance I am considering.

5. **Cost:** I should consider the total costs associated with insurance plans, including premiums, copays, deductibles, coinsurance and other out-of-pocket costs. A DaVita teammate can help me perform a cost comparison or can direct me to resources to perform my own cost comparison. I can also speak directly with the health plan to understand what costs I may be subject to.

6. **Kidney Transplant:** If I am interested in kidney transplant, it is particularly important for me to research whether my insurance choices could impact my ability to transplant.

Note that your kidney transplant center may be able to provide additional information about insurance decisions when preparing for transplant.

Additional resources

If you want to *enroll* in a Medicare Advantage plan

Medicare and Medicare Plan Finder
You can also contact Medicare or use the Medicare Plan Finder at **Medicare.Gov/Plan-Compare** to learn more about available Medicare Advantage plans in your area, including plan costs, benefits, and provider network considerations and to enroll in a plan.

Chapter (an unaffiliated, licensed Medicare Advisor)
Chapter is a Medicare advisor that searches plans from all carriers to help you enroll in the one that fits your individual needs: they can check to make sure your health care providers are in network, and will compare drug prices across all pharmacies in your area. Chapter's Medicare advisors are trained specifically on the insurance coverage needs of dialysis patients.

- Visit Chapter's website at **askchapter.org/dialysis**
- Call Chapter's helpline at **1-800-351-0969** to speak with a license Medicare Advisor (Monday - Friday 9AM - 7PM EST and Saturday 10AM - 6PM EST)

If you want additional *educational information* about your Medicare options

Medicare
You can visit Medicare.gov or contact Medicare at **1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048)** to learn about your Medicare eligibility and options, including Medicare Advantage, 24/7.

If you want additional *counseling* about your Medicare options

State Health Insurance Assistance Program (SHIPs)
SHIPs are local non-profit organizations that provide free and unbiased, one-on-one counseling on your Medicare options. To find your local SHIP, you can visit ShipTACenter.org, or you call **1-877-839-2675 (TTY 711)**.

Other resources

There may be other health insurance agencies and local insurance agents that can help you review your Medicare Advantage options and enroll in a plan. You can also contact specific health insurance companies directly to learn more about their available plans or to enroll.

Important note: These resources are intended to provide DaVita patients with information about some of the available third party resources for comparing and enrolling in Medicare Advantage plans. Links to third party websites are provided for informational purposes only and are not a substitute for professional advice. Third party websites are governed by the third party's privacy policy and terms of use, not DaVita's. DaVita does not endorse or recommend any specific insurance agent, broker, agency, or plan and is not affiliated with or compensated by insurance agents, brokers, or agencies. If you choose to work with a health insurance agent, broker, or agency, please keep in mind they are not affiliated with Medicare and may earn compensation if you enroll in a plan.

Important note about Chapter: Chapter, AskChapter.org, and Chapter Medicare LLC are privately owned by Memoir, Inc. Chapter is a non-government resource for people who are seeking information and resources about Medicare coverage. In most states, Chapter Medicare LLC does business as Chapter Advisory LLC. In California, Chapter does business as Chapter Insurance Services. Chapter is not connected with or endorsed by the United States government or the federal Medicare program. All of the resources and information on Chapter's websites are designed and intended to be educational in nature, not marketing for specific insurance plans. DaVita and Chapter are independent entities and not affiliated.

For a copy of this guide in Spanish, scan the QR code below (using the camera function on your smart phone)

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