



财务规划

肾脏/胰脏移植

本章讨论肾脏/胰脏移植相关的财务问题。

移植的费用

移植手术是很大的一笔费用。因此财务规划是移植手术主要的一环。您需要了解您的保险将涵盖那些以及您需要自己支付的费用。您将决定如何支付短期及长期的费用。

短期的费用

在短期内、您需要计划这些费用：

- 移植手术及住院的费用
- 恢复期间没有工作时的生活费用
- 如您住在外地、则需考虑住在西雅图附近时的住宿、饮食、及交通费用。

长期的费用

长远上您将需要长期支付您移植后终生服用的药物。

移植费用的支付

健保

大多数健保计划都支付肾或胰腺移植费用。但是、它们都有不同程度的覆盖范围。有些健保支付很多移植费用、但有些健保会要您自付很多的费用。



财务规划是移植手术主要的一环。

细读您的健保计划以确认：

- **华大医疗中心 UWMC 及华大医生 UWP 是否签有合约？**

致电您的保险公司、查核该公司是否与华大医疗中心 UWMC 及华大医生 UWP 签有合约。把这些税号给他们：

- 华大医疗中心 UWMC 的税号: 916001537

- 华大医生 UWP 的税号: 911220843

合同状态将决定您是使用网络内还是网络外的涵盖。有些计划不涵盖网络外的医疗。如果您的健保计划是如此、且华大医疗中心 UWMC 及华大医生 UWP 未与他们签约、则您需要自付所有费用。

- **有关您住院期间的涵盖：**

您的健保计划是否有需要您支付的免赔额？ 免赔额是您在保险计划开始支付之前、您自己需要支付的保健服务的费用。金额取决于您的计划。

在您支付免赔额后、您必须支付**共同给付额 copayment**（共付额 **copay**）或**共同保险额 coinsurance** 以获得涵盖服务。您的健保公司支付其余的费用。

- **共付额 (Copay)：** 如您在医院的每一天都需要付共付额、您的健保计划所涵盖的服务项目、您就支付固定金额。不同服务的共付额可能会有所不同，例如药物，化验室测试及专家查访。例如，您就诊门诊的共付额可能是 20 美元。您住院的共付费可能是每天 100 美元，最高可达 300 美元。

- **共同保险额：** 如您的健保仅支付住院费用的百分比（例如 80%）、您支付的部分（例如 20%）就是您需付的共同保险额。如您需要支付共同保险额、通常就表示您需要自己支付的医疗费用会比支付共付额的人高。**有关等待期：**

有些透过工作单位获取的健保计划在生效之前必须经过所谓的等待期。例如；有些计划要求您在该公司涵盖移植费用之前已使用该计划至少一年。在您更换保险公司时，请查证这些等待时间。

- **关于协调福利：**

如您有多于 1 份的健保计划、例如通过您和配偶的工作单位、请查看次要（**secondary**）保险的政策以了解有关福利的协调（**coordination of benefits**）。了解次要保单如何以及是否涵盖您的主保险支付后剩余的费用。

联邦健保

联邦健保是隶属社会安全福利部的一个健康保险计划。此计划是由联邦健保及州政府健保中心（CMS）管理。计划涵盖患有终末期肾病、永久性残疾至少 2 年或至少 65 岁的人。

联邦健保有 2 个基本部分：

- **A 部分**涵盖住院、包括肾移植、熟练护理、临终医院和一些家庭医疗保健。它还包括您在医院时的医生费用。
- **B 部分**包括您在诊所就诊时的医生费用、但在您住院期间则不包括医生费用；化验室、放射科、耐用性的医疗设备（DME），门诊手术中心（ASC）的服务以及一些家庭医疗护理。它还包括与您的门诊访问相关的已批准的费用。

联邦健保有免赔额和共付额。对肾脏移植、这些加起来可以上达数千美元。大多数人不能承担只有联邦健保覆盖的肾移植、他们还需要其他的健保。

辅助联邦健保或“健保空隙”的健保计划

这些健保计划是辅助联邦健保涵盖不足的部分。大多数的时候、他们支付联邦健保的共付额及免赔额部分。他们经常会涵盖联邦健保不涵盖的项目。拥有了联邦健保以及联邦健保辅助、大部分肾脏移植的费用就可能被涵盖。

联邦健保 D 部份

您如有联邦健保 A、或 A 及 B、您就可以加入 D 部分。即所谓的联邦健保处方药项目。它涵盖一些药物、但非全部。

如您想添加 D 部分、您需支付额外的月费（保费）。D 部分有一系列保费及福利水平。

D 部分可以涵盖移植后您将服用的许多药物。但是、D 部分不支付您免疫抑制药物。这些都包含在联邦健保的 B 部分中。

- 如您有联邦健保及州政府的福利健保、您就会有 D 部分。您无需为 D 部分付任何额外的月费或免赔额、但可能要支付少量的共付额。
- 如您非属州政府福利健保、您可能需要支付每月保费和年度的免赔额、及每一种处方药的共付额部分。
- 如您是低收入但不属州政府健保、联邦健保可提供补贴、来支付每月的健保费、年度的自付额、及共同付额。请致电社会安全局 **800-772-1213** 或上网 www.ssa.gov 申请低收入补助。您可能需要等待到每年年底联邦健保接受新申请时、来申请 D 部分。

州政府补助健保 Medicaid

州政府福利健保是由州政府经营及联邦健保及州政府健保中心（CMS）管理的健保计划。此计划资金来自联邦政府以及各个州政府。

州政府福利健保适用于低收入及医疗定义上的残疾人士。它付 100% 涵盖的医疗费用。请与社工咨询您是否合格申请。

2010 年、“廉价医疗法案”（Affordable Care Act）将医疗补助计划扩大到涵盖所有收入低于联邦贫困水平 138% 的成年人。自“廉价医疗法案”推行以来、华盛顿州已扩大其医疗补助计划。但是，一些州没有选择扩大他们的医疗补助计划。您可以访问 www.healthcare.gov 了解更多信息。

查看您的保险

如您尚未查看、则请您与移植科的财务顾问一起查看您的健保计划。您的财务顾问（financial counselor）可以确认您的健保对移植有足够的涵盖。

支付药物费用

一般来说、如没有医疗保险的帮助、药物的费用对病人是很难负担的。审查您处方药的健保覆盖、知道您预估的共付或免赔额。在移植后需要服用许多药物、每一种药物都有共付额。

移植后保持您健保的覆盖范围是很重要的、因为药物的费用每年可达 12000 至 15000 美元。即使有医疗保险、您可能还得支付部分处方药的费用。

以下是一些有关您的处方药物涵盖范围所需要咨询的问题：

- 您的处方药健保涵盖是否有一定的百分率（如 50%、80%、或 90%）？或您是为每个处方支付一固定的共付额（如每个月量的处方药物共付额为 10 美元）？
- 您的保险是否根据该药物是非品牌或品牌药而提供了不同的覆盖范围？移植病人的处方药一般都是品牌药物、没有非品牌的选择。它们可能是一些很昂贵的处方药物。因此；要知道您的健保计划是否要求您支付较高的共付额、或对品牌药物要求您付较高的百分比。
- 您的健保是否提供邮购药房？某些邮购药房可为您提供一次领取 3 个月的药物、比当地的药房一次仅能领 1 个月的药的费用就较低。

州政府补助健保 Medicaid

州政府补助健保涵盖大部分的处方药。某些药物您可能需要付少量的共付额。如您同时有联邦健保及州政府补助健保、您的处方药就是由联邦健保 D 部分涵盖、而不是州政府补助健保涵盖。

如您不确定您是否合格申请州政府补助健保、或您不确定那一个健保支付对您的药物、就请与财务顾问咨讯。

联邦健保 Medicare

如您是联邦健保 **B** 部分、移植后您就有有限的处方药物涵盖。下面是一些 **B** 部分健保对方药物覆盖规则：

- 移植后的最少 **3** 年、联邦健保 **B** 部分覆盖 **80%** 的免疫抑制药物。您（或如您有其他的健保）将支付 **20%** 的共付额部分。联邦健保不包括任何其他的门诊药物。
- 移植 **3** 年后、联邦健保门诊处方药物涵盖就会终止、除非您：
 - 是 **65** 岁或以上
 - 或：
 - 在社会安全残疾补助金计划 (**SSD**) **2** 年或以上

如您符合这 2 个条件中的任何一个、联邦健保门诊的免疫抑制药物在移植 3 年后都会涵盖。但是、如您是领取社会安全生活补助金 (SSI)、联邦健保药物覆盖在移植后 3 年就不再继续了、除非您至少有 65 岁。SSI 与 SSD 是不同的项目（见本节的最后一页）。

- 联邦健保 **D** 部分是不包括您的免疫抑制药物、除非您在移植时没有联邦健保。但是、它涵盖许多您肾移植后需要服用的其他的药物。只要您有资格享受联邦健保、**D** 部分将一直持续。也就是如您的联邦健保部分 **A** 和 **B** 在移植后的 **3** 年结束；您联邦健保的药物覆盖 **D** 部分也将在那个时候结束。
- 如您有其他的健保险涵盖；例如通过单位或配偶的保险、在前 **30** 个月联邦健保就成为是您的次要保险。也就是您其他的健保需先支付、如还有医疗费用仍然没有付完、则这部分可以由联邦健保涵。
- 如您是自己个人的健保、联邦健保就是您的“首要”健保。
- 联邦健保在涵盖 **30** 个月的后、就成为您的“首要”健保。也就是您所有的医疗费用将送交联邦健保、任何联邦健保涵盖剩余的部分可送到您其他的健保。
- 有些药房不会向联邦健保 **B** 部分收处方药的款。但是、大多数药房可以向 **D** 部分药物计划收款。如您的药房不能向 **B** 部分收款、请与您的移植社工或药剂师讨论选择不同的药房。
- 专门提供移植药物的邮购药房会为您处理所有的账单。包括联邦健保 **Medicare**。如您除了联邦健保之外、还有其他的健保、邮购药房也会查明是否也可为您向该健保公司收款。

- 如您的健保不涵盖某些药物、有些药厂的财务补助项目可能可以为您提供协助。请与药剂师或社工联系查询。

不工作期间的收入

有些工作单位会提供残疾收入的保险。残疾收入的保险分两种：短期和长期。

短期残疾保险

如您因为医疗的原因不能工作、这保险会支付您部分的工资、通常在 **60%** 左右。短期残疾保险通常涵盖 **3 至 6 个月** 的部分工资。

长期残疾保险

只要您因残疾并且不能工作、这保险会持续地支付您部分的工资、通常是 **60%**。但通常、必需已残疾了一段时间、如 **90 天** 以后、这保险才会开始提供福利。

- **社会安全残疾补助金(SSD)** – 社會安全局 (SSA) 对各种疾病残疾如肾脏疾病或糖尿病有其官方的定义。您的残疾状态必须已经持续 **1 年**、或至少将持续 **1 年**、才有资格获得社会生活残疾补助金 (SSD)。大多数移植患者是没有残疾这么长久、也就是不能依赖社会生活残疾补助金 (SSD) 来提供移植后的无法工作期间的收入。

申请残疾可能需要几个月。要被社會安全局 (SSA) 认定您是属残疾最少 **5 个月** 后、才会开始付您福利。

如您已被批准、每月收到的金额、是基于您通过社会保障制度所付工资税已经支付的金额而定。

- **社会安全生活补助金 (SSI)** – 这是社会安全局 (SSA) 的残疾收入计划。它是为工作点数还不足够的残疾人、因为纳入社会安全体系还不足、还不符合领取社会安全残疾补助金 (SSD)。

社会安全生活补助金 (SSI) 残疾的规则是与社会安全残疾补助金 (SSD) 相同。但是、社會安全生活補助金 (SSI) 对领取者的收入和财务有严格的限制。

如您移植前已经领取 **SSD** 或 **SSI**、在移植后有可能会失去这些补助。社会安全局可能会依照您为何一开始宣布残疾的情况而判定您在移植手术后已复原到可恢复工作。不过这一切皆需经过社会安全局正式的审查后才会发生。

如社会安全局已经展开对于您是否还可以接受 **SSD/SSI** 等补助的审查时、请与移植团队的社工或家庭医生联系。

Financial Planning

For a kidney/pancreas transplant

This chapter covers financial concerns related to a kidney or kidney/pancreas transplant.

Transplant Costs

Transplants are costly. Planning your finances is a key part of planning for transplant. You need to find out what your insurance will cover and what you will need to pay yourself. You will decide how you will cover both short-term and long-term costs.

Short-term Costs

In the short term, you will need to plan for these expenses:

- Transplant surgery and your hospital stay
- Living costs while you are off work during recovery
- Lodging, food, and transportation in Seattle, if you live outside the area

Long-term Costs

In the long term, you will need to cover the costs of the medicines you will take for the rest of your life after transplant.

Paying for the Transplant

Health Insurance

Most health insurance plans will pay for a kidney or pancreas transplant. But, plans vary in what they cover. Some will cover many of the costs of transplant, but others may require that you pay many of the costs out of pocket.



Planning your finances is a key part of planning for transplant.

Check your healthcare plan carefully to find out:

- **If UWMC or University of Washington Physicians (UWP) is contracted:**

Call your insurance company to find out if UWMC and UWP are contracted. Give them these tax ID numbers:

- UWMC's tax ID number: 916001537
- UWP's tax ID number: 911220843

The contract status will determine whether you will use in-network or out-of-network benefits. Some plans do not have out-of-network benefits. If this is true for your plan, and UWMC or UWP is not contracted, you will need to pay out of pocket for all charges.

- **About coverage for your stay in the hospital:**

Does your health plan have a *deductible* you need to pay? A deductible is what you pay for covered healthcare services before your insurance plan starts to pay. This amount depends on your plan.

After you pay your deductible, you must pay either a *copayment* (copay) or *coinsurance* for covered services. Your insurance company pays the rest.

- **Copay:** If you have a copay for every day that you are in the hospital, you will pay a fixed amount for the services that are covered by your healthcare plan. The copay amount can vary for different services, such as drugs, lab tests, and visits to specialists. For example, your copay for a clinic visit might be \$20. Your copay for a hospital stay might be \$100 a day, up to a maximum of \$300.
- **Coinsurance:** If your policy pays a percent of the costs of your hospital stay (such as 80%), the portion you pay out of pocket (such as 20%) is your coinsurance. If you have coinsurance, it usually means you will be paying more than if you have a copay.

- **About waiting periods:**

A waiting period is the time that must pass before coverage takes effect for an employee or dependent covered by a job-based health plan. For example, some plans require that you have the plan for at least 1 year before it will cover transplant costs. Check these waiting periods any time you change insurance carriers.

- **About coordinating benefits:**

If you have more than 1 insurance plan, such as through your work and your spouse's work, check with the secondary policy to find out about *coordination of benefits*. 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 Social Security Administration. The plan is managed by Centers for Medicare and Medicaid Services (CMS). The plan covers people who have end-stage renal disease, have had a permanent 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, skilled care, hospice, and some home healthcare. It also covers your doctor's fees while you are in the hospital.
- **Part B** covers doctor fees when you visit a clinic, but not while you are in the hospital; lab, radiology, durable medical equipment (DME), services at an ambulatory surgery center (ASC), and some home healthcare. It also covers approved costs related to your clinic visits.

Medicare has deductibles and copays. With a kidney transplant, these can add up to thousands of dollars. Most people cannot afford a kidney transplant if they have only Medicare. This means they also need other health insurance.

Medicare Supplements or “Medigap” Policies

These policies supplement your Medicare coverage. Most times, they pay Medicare copays and deductibles. They often cover things that Medicare won't cover. Having both Medicare and a supplement will likely cover most costs of a kidney transplant.

Medicare Part D

If you have Medicare Part A, or Parts A and B, you can sign up for Part D. This is the Medicare Prescription Drug Program. It covers some drugs, but not all.

If you want to add Part D, you will pay an extra monthly fee (*premium*). Part D has a range of premiums and benefit levels.

Part D can cover many of the medicines you will take after transplant. But, Part D does not pay for your immunosuppressive drugs. Those are covered under Part B of Medicare.

- If you have both Medicare and Medicaid, you also have Part D. You will not pay an extra monthly fee or deductibles for Part D. You might have to pay a small copay for some medicines.
- If you do not have Medicaid, you may have to pay a monthly fee, a yearly deductible, and copays for each prescription drug.

- If you are low-income and do not have Medicaid, Medicare can provide a subsidy that pays the monthly fee, deductibles, and copays. To apply for the low-income subsidy, call Social Security at 800.772.1213 or visit www.ssa.gov. You may have to wait until Medicare's open enrollment period at the end of every calendar year to apply for Part D.

Medicaid

Medicaid is a health insurance plan run by the state government and managed by CMS. It is paid for by the federal government and individual states.

Medicaid is for people who have very low incomes and are medically disabled. It will pay 100% of covered healthcare expenses. Talk with your social worker to see if you qualify.

In 2010, the Affordable Care Act expanded the Medicaid program to cover all adults with income below 138% of the federal poverty level. Washington state has expanded its Medicaid program since the Affordable Care Act was introduced. But, some states have not chosen to expand their Medicaid program. You can learn more at www.healthcare.gov.

Review Your Coverage

If you have not already done so, review your health insurance coverage with your transplant financial counselor. The financial counselor can make sure you have enough coverage for your transplant.

Paying for Medicines

Most times, transplant medicine costs are too high for people to afford without the help of health insurance. Check your prescription insurance coverage. Know what your expected copays or deductibles will be. You will be on many medicines after transplant, and each one will have a copay.

It is very important to keep your health insurance coverage after your transplant. Your medicines can cost \$12,000 to \$15,000 a year. Even with health insurance, you may have to pay part of these costs.

Here are some questions to ask about your prescription drug coverage:

- Does your insurance cover prescriptions at a certain percent, such as 50%, 80%, or 90%? Or, do you pay a copay 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 forms. Name-brand medicines can be very costly. Find out if your policy requires you to pay a higher copay or a percent for these medicines.

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

Medicaid

Medicaid covers the cost of most prescriptions. You might have a small copay for some medicines. If you have both Medicare and Medicaid, your prescriptions will be covered under Medicare Part D, not Medicaid.

Talk with your financial counselor if you are not sure if you qualify for Medicaid, or if you have questions about what program will pay for your medicines.

Medicare

If you have Medicare Part B, there are limits on what prescription drugs are covered after transplant. Here are some rules for how prescription coverage under Part B works:

- Medicare Part B covers immunosuppressive drugs at 80% for at least 3 years after a transplant. You (or your other insurance) will pay the 20% copayment. Medicare Part B will not cover any other outpatient medicines.
 - At 3 years after a transplant, your Medicare outpatient prescription drug coverage will end unless:
 - You are 65 years of age or older
- Or:
- You 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 beyond 3 years after your transplant. But, 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 years old. SSI is a different program than SSD (see the last page of this chapter).

- Medicare Part D will not cover your immunosuppressive drugs, unless you did not have Medicare at the time of your transplant. But, it will cover the many other medicines you will take after a kidney transplant. Part D will last only as long as you are eligible for Medicare. This means that if your Medicare Parts A and B end 3 years after a transplant, your drug coverage under Medicare Part D will also end at that time.

- If you have other insurance coverage 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 medicine bill is still left after your insurance pays, that part can be billed to Medicare.
- Medicare is always your 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. Any left-over parts of the bill can be sent to your other insurance.
- Some pharmacies will not 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 besides Medicare, the mail-order pharmacies will check to see if they can bill that insurance for you, too.
- If you do not have insurance coverage for some medicines, some drug companies have financial aid programs that may be able to help you. Ask your pharmacist or social worker about these programs.

Income While You Are Not Working

Some employers provide disability income insurance. There are 2 types of disability insurance: short-term and long-term.

Short-term Disability Insurance

This insurance pays part of your salary, often about 60%, while you are off work for a health reason. It usually covers your salary for 3 to 6 months.

Long-term Disability Insurance

This insurance pays part of your salary, often 60%, for as long as you are disabled and cannot work. But, you will usually need to be disabled for at least a certain amount 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 illnesses such as kidney disease or diabetes. To be eligible for SSD, your disabling condition must have lasted at least 1 year already, or be expected to last at least 1 year. Most transplant patients are not disabled for that long. This means they cannot rely on SSD to provide income while they are off work after a transplant.

Applying for disability can take many months. And, SSA must consider you disabled for at least 5 months before benefits begin.

If you are approved for SSD, the amount you receive each month is based on how much money you have paid into Social Security through payroll taxes.

- **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 and are not eligible for SSD.

The SSI 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 after your surgery. 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 only happen after formal review by Social Security.

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

If You Do Not Have Disability Insurance

If you do not have disability insurance, you will need to plan for the time you cannot work after transplant. Many people put aside money to help pay bills. Others borrow money from friends and family.

Fundraising is also an option. There are groups that help transplant patients raise money for expenses such as copays, travel, lodging, or lost income. If you want to try fundraising, talk with your social worker for ideas.

