Medicare Advantage Plans for People with End-Stage Renal Disease

Beginning in 2021, people with End-Stage Renal Disease (ESRD) can enroll in Medicare Advantage Plans. Medicare Advantage Plans must cover the same services as Original Medicare but may have different costs and restrictions. However, Medicare Advantage Plans cannot set cost-sharing for either outpatient dialysis or immunosuppressant drugs higher than would be the beneficiary responsibility under Original Medicare.

If you have ESRD and are interested in enrolling in a Medicare Advantage Plan, it is important to consider provider networks and costs as you evaluate plans. Visit Medicare Interactive to learn more about MA Plans and ESRD.

If you are deciding between Original Medicare and Medicare Advantage, use this chart to get started.

Did You Know?

Medicare Advantage Plans, sometime referred to as Part C, contract with the federal government and are paid a fixed amount per person to provide Medicare benefits. Plans must provide all Part A and Part B services offered by Original Medicare, but can do so with different rules, costs, and restrictions that can affect how and when you receive care. Visit Medicare Interactive to learn more about Medicare Advantage.
COVID-19 Testing

Coronavirus testing is covered under Medicare Part B. Medicare covers your first coronavirus test without an order from a doctor other qualified health care provider. After your first test, Medicare requires you to get an order from your provider for any further coronavirus tests you receive.

Original Medicare covers coronavirus testing and associated provider visits at 100% of the Medicare-approved amount when you receive the service from a participating provider. This means you pay nothing (no deductible or coinsurance). Medicare Advantage Plans are required to cover coronavirus testing without applying deductibles, copayments, or coinsurance when you see an in-network provider.

COVID-19 Vaccine

At the time this guide was published, a COVID-19 vaccine has been authorized for limited emergency use. This emergency authorization means that the vaccine is only available for certain groups of people, such as nursing home residents and health care workers. The vaccine is not yet approved for or available to everyone. Speak with your doctor to learn more about your eligibility to receive the vaccine and its availability in your state.

Original Medicare Part B covers the vaccine. You will owe no cost-sharing (deductibles, copayments, or coinsurance).

Visit Medicare Interactive to learn more about Medicare coverage and COVID-19.
## Part A Costs
### Hospital Insurance

### Premium
If you've worked 10 years or more  
Free
If you've worked 7.5 to 10 years  
$259/month
If you've worked less than 7.5 years  
$471/month

### Deductible
For each benefit period*  
$1,484

### Hospital Coinsurance
First 60 days of inpatient care each benefit period*  
$0
For days 61-90 each benefit period*  
$371/day
After day 90 in a benefit period  
$742/
  lifetime reserve day**

### Skilled Nursing Facility Coinsurance
First 20 days of inpatient care each benefit period*  
$0
For days 21-100 each benefit period  
$185.50/day

* A benefit period begins the day you start getting inpatient care. It ends when you haven’t received inpatient hospital or skilled nursing facility care for 60 days in a row.

** You have 60 lifetime reserve days that can only be used once. They are not renewable.
Part B Costs
Medical Insurance

**Premium**
Standard premium if your annual income is below $88,000 ($176,000 for couples) $148.50/month

People with high incomes have a higher Part B premium. Visit Medicare Interactive to learn more.

People with limited incomes may be eligible for the Medicare Savings Program for help paying their Part B premium. Visit Medicare Interactive to learn more.

**Deductible**
Annual amount $203/year

**Coinsurance**
For most Part B-covered services 20%
Part D Costs
Prescription Drug Coverage

Premium
The premium varies by Part D plan. $33.06/month
Base premium in 2021

People with high incomes have a higher Part D premium. Visit Medicare Interactive to learn more.

Deductible
The deductible varies by Part D plan. Up to $445/year

If you have Extra Help, you will have a low or no deductible.

What is Extra Help?
If you have a limited income and assets, you may be eligible for Extra Help, a federal program that helps you pay for some or most of the costs of Medicare prescription drug coverage.

Visit Medicare Interactive to learn about Extra Help.
Part D Coverage Phases

How much you and your Part D plan pays will change during the year. There are four different coverage phases for Medicare prescription drug coverage.

1. Deductible Period
If your plan has a deductible, you will have to pay the full cost of your drugs (100%) until you meet that amount.

2. Initial Coverage Period
Begins after you meet the deductible.

   - **You pay 25%**
   - **Your plan pays 75%**

3. Coverage Gap (also known as the donut hole)
Begins when you and your plan together have paid $4,130 for your covered drugs (does not include the premium).

   - **Brand-name drugs**
     - **You pay 25%**
     - **75% discount**

   - **Generic drugs**
     - **You pay 25%**
     - **75% discount**

4. Catastrophic Coverage
Begins when you have paid $6,550 for your covered drugs (does not include the premium).

   - **You pay 5%**
   - **Your plan pays 15% and Medicare pays 80%**
In a Medicare Advantage Plan (private health plan) you generally must pay the Medicare Part B premium. Some Medicare Advantage Plans may also charge you an additional premium. In some cases, the plan may pay part of your Part B premium.

Medicare Advantage Plans may have a deductible for hospital visits, doctor visits, or prescription drugs, but some do not. Plans usually charge you a fixed copayment when you visit a doctor, instead of the 20% coinsurance you pay under Original Medicare.

All plans must include a limit on the amount of money you spend out-of-pocket during the year.

In 2021, the maximum out-of-pocket limit for most plans is $7,550.

They also cannot charge higher copayments than Original Medicare for certain care. This includes chemotherapy, dialysis, and skilled nursing facility (SNF) care. They can charge you more than Original Medicare for others services, including home health, durable medical equipment, and inpatient hospital services.

Important!

Many Medicare Advantage Plans have a network of doctors, hospitals, and pharmacies, and provide services only in a certain part of the country. Be sure to always review the plan's cost and coverage before enrolling.
MI Pro is an online curriculum designed to empower any professional to better help their own clients, patients, employees, retirees, and others navigate a multitude of Medicare questions. MI Pro is structured as a four-level Core Curriculum, with four to five courses in each level.
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