

Understanding your Medicare plan

**You and your caregivers can
learn more about your plan
and get peace of mind
about coverage.**



Not actual patients

The information provided herein is for informational purposes only and does not guarantee any specific outcome. Plans may have multiple formularies and they are subject to change. Please check with the health plan directly to confirm formulary status, requirements, and coverage information for individuals. AkebiaCares does not guarantee insurance coverage or financial assistance.

Medicare may seem complex; we can help simplify it

Medicare is a government program that provides people with insurance coverage for healthcare. You must be in one or more of the following groups to receive Medicare¹:

People who are eligible to receive Medicare^{1,2}

At least 65 years of age

OR

A person under 65 years of age with certain disabilities

OR

Those with End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)

Medicare has 4 different parts that help cover a wide range of your healthcare needs.

Parts of Medicare^{1,3}

Part **A** hospital insurance

Helps pay for your care in the hospital, in a nursing home, and in hospice, and helps cover some home health services

Part **B** medical insurance

Helps cover medical services like doctors' services, outpatient care, and helps pay for covered medical services and items when they are medically necessary

Part **C** medicare advantage plan

Gives you an option to get Medicare Part A/B benefits through Medicare-approved, private health plans. Medicare Advantage Plans are separate from Medicare Parts A and B and may provide additional coverage, such as vision, hearing, dental, and prescription medications

Part **D** prescription drug plan

A Medicare Part D plan is optional and separate from Medicare Parts A and B and helps cover the cost of your medications and is usually a monthly payment

Medicare drug plans have contracts with pharmacies that are part of your plan's "network." It is important to select a pharmacy that is in your plan's network so that your medication is covered.⁴

Understanding coverage costs through the Medicare Part D program

The Medicare Part D program helps cover the cost of your prescription medications⁵

- Your prescription medication costs may change throughout the year based on coverage stage
- If you have a Part D plan, you will move through several coverage phases as you use your benefits

2025, Medicare Part D plan coverage phases⁶⁻⁸

Phase 1

1

Deductible up to **\$590** is paid by the beneficiary/patient



Phase 2

2

Initial coverage up to **\$2,000** in total drug costs, including deductible

Total drug costs include the amount paid for covered drugs by the beneficiary/patient and the plan

You pay **25%***

Plan pays **65%**

10%

Drug maker pays[†]



Phase 3[‡]

3

Catastrophic benefit period begins after total out-of-pocket costs reach **\$2,000** for the year, after which[§]:

Plan pays **60%**

20%

Government pays

20%

Drug maker pays[†]

*Up to \$1,410 inclusive of applicable deductible and payments during coverage phase.

[†]Brand-name drugs and biologics.

[‡]The Medicare Part D coverage gap (also known as the "donut hole") was eliminated as of January 1, 2025.

[§]You have \$0 cost-sharing during catastrophic coverage. This means you will not be responsible for any of the cost of your Part D covered drugs once reaching the catastrophic coverage phase.

Considering Medicare Part D coverage rules

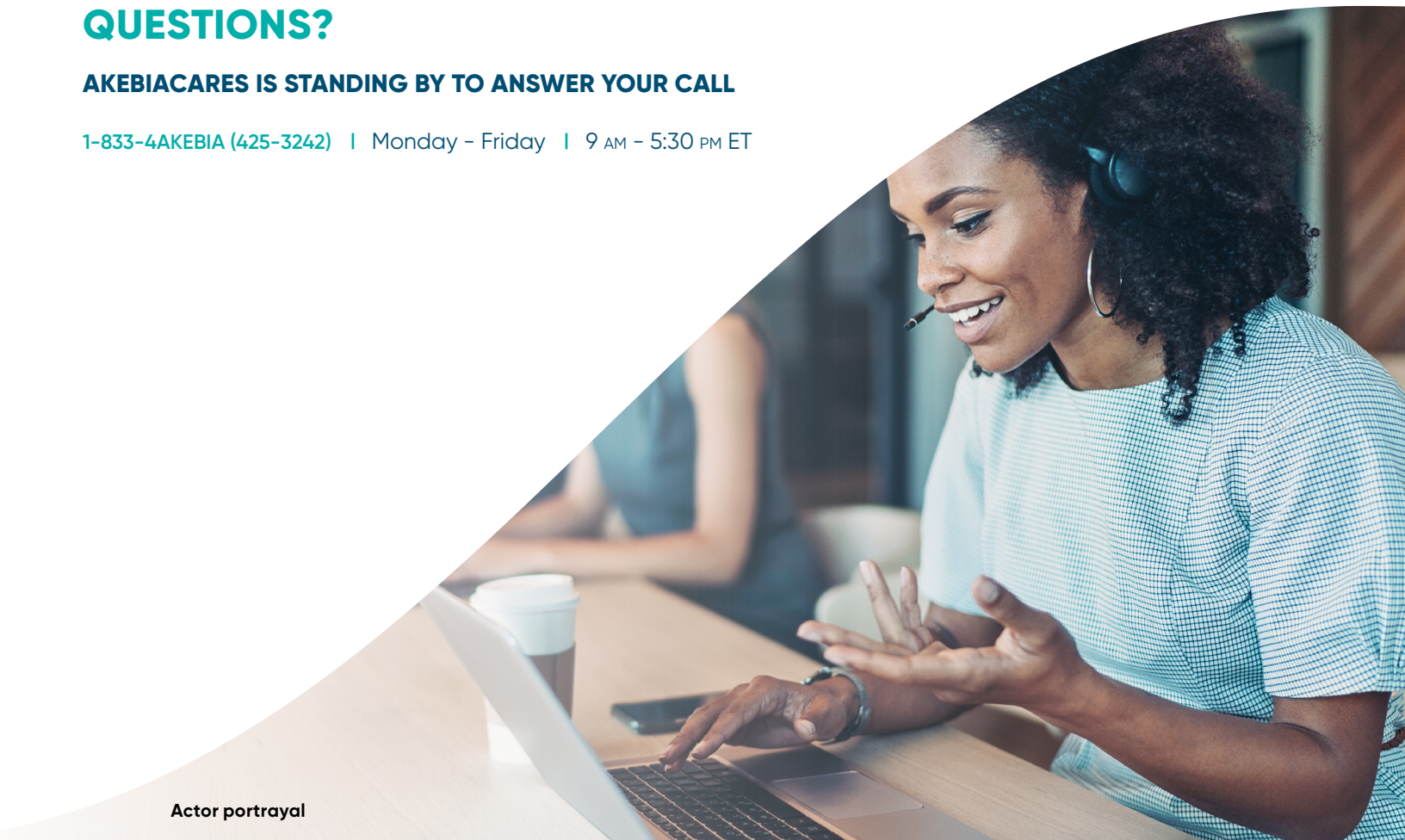
Medicare Part D plans have coverage rules to ensure certain medications prescribed by your doctor are used correctly⁴

- These rules include a Prior Authorization (PA) or Medical Exception (ME). That means sometimes, before the plan will cover your medication, your doctor must first show the plan that you meet certain criteria for the medication
- Your doctor will help with this by filling out and submitting the required paperwork if your plan says a PA/ME is needed to cover your medication

QUESTIONS?

AKEBIACARES IS STANDING BY TO ANSWER YOUR CALL

1-833-4AKEBIA (425-3242) | Monday – Friday | 9 AM – 5:30 PM ET



Understanding the Extra Help program if you have Medicare

Extra Help can help you with additional healthcare costs if you have Medicare⁹⁻¹¹

- This program may help you pay for monthly premiums, annual health plan deductibles, and prescription copays. Extra Help is estimated to be worth about \$6,200 per year
- If you receive Medicaid or Supplemental Security Income (SSI), or are enrolled in a Medicare Savings Program (MSP), you do not need to apply for Extra Help as you are automatically enrolled
- Get help from your state paying your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) premiums through a Medicare Savings Program. If you qualify, Medicare Savings Programs might also pay your Part A and Part B deductibles, coinsurance, and copayments



Not actual patients

How do I qualify for Extra Help?

Qualifying for Extra Help^{9,12,13}

You are enrolled in a Medicare prescription drug plan

- Extra Help is only for people with Medicare prescription drug coverage

You live in the District of Columbia or elsewhere in the US, excluding the US territories or Puerto Rico

- The US territories also have programs that help people with limited income and resources pay their Medicare costs
- Contact your State Medical Assistance (Medicaid) office to get details about these cost-saving programs

You have limited income

- Your income is based on the Federal Poverty Level (FPL) and must be less than 150% of the FPL to qualify for Extra Help.

You have limited resources

- To receive Extra Help, your resources can total no more than \$17,600 for individuals and \$35,130 for married couples
- Resources include bank accounts and investments such as stocks and bonds

How to apply for Extra Help

On your own, with a caregiver, or with your healthcare provider, you can complete the application called "Extra Help with Medicare Prescription Drug Plan Costs," which is known as Form SSA-1020. To get this form, you can visit <https://www.ssa.gov/medicare/part-d-extra-help>, call Social Security at **1-800-772-1213**, or visit your local Social Security office.

Eligibility for the Extra Help program

To be eligible for Extra Help, your income must be less than 150% of the FPL. Eligibility is also based on family size and where you live^{13,14}

2025 Extra Help income guidelines^{13,14}

Contiguous States & DC		Alaska		Hawaii	
Household size	150% FPL	Household size	150% FPL	Household size	150% FPL
1	\$23,475	1	\$29,325	1	\$26,985
2	\$31,725	2	\$39,645	2	\$36,480
3	\$39,975	3	\$49,965	3	\$45,975
4	\$48,225	4	\$60,285	4	\$55,470
5	\$56,475	5	\$70,605	5	\$64,965
6	\$64,725	6	\$80,925	6	\$74,460
7	\$72,975	7	\$91,245	7	\$83,955
8	\$81,225	8	\$101,565	8	\$93,450



Not an actual patient

What can I do if I'm not eligible for Extra Help?

There may be other ways to lower your prescription medication costs:

- Check with your local state-funded programs to see if you are eligible for help with your medication costs. Contact your state's Medicaid office or your State Health Insurance Assistance Program (SHIP) at www.Shiphelp.org for more information
- When you choose a Part D plan, you can use the Medicare Plan Finder to look for a plan with lower costs at <https://www.medicare.gov/find-a-plan/questions/home.aspx>

Independent foundations may also help with out-of-pocket costs for your prescription medications*:

- American Association for Kidney Patients (AAKP) <https://aakp.org>
- American Kidney Fund (AKF) <https://www.kidneyfund.org>
- Dialysis Patient Citizens (DPC) <https://www.dialysispatients.org>
- National Kidney Foundation (NKF) <https://www.kidney.org>
- Renal Support Network (RSN) <https://www.rsnhope.org>

*Independent foundations have their own rules for eligibility. AkebiaCares cannot ensure a foundation will help you. We do not endorse or show financial preference for any foundation.



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