KalVista Cares

Whether you've just turned 65 or are approaching this important milestone, it's a moment worth recognizing.

With it comes the opportunity to learn more about Medicare, the federal health insurance program for people 65 and older, and how it works alongside your KalVista treatment. KalVista Cares is here to help make it clear and easy to understand. Let's get started.

The ABCDs of Medicare & Plan D 2025 Updates

There are four parts to Medicare:

Part A (Hospital Insurance) Helps cover hospital stays, skilled nursing facility care, hospice, and some home health care.[1]

Part B (Medical Insurance) Covers doctor visits, outpatient care, preventive services, and some home health care. There's usually a monthly premium.

Part C (Medicare Advantage) Offered by private insurance companies approved by Medicare. It combines Part A and Part B (and usually prescription drug coverage, too) in one plan, often with extra benefits like dental, vision, or hearing.

Part D (Prescription Drug Coverage) Optional coverage for prescription drugs. It has a monthly premium, and the cost will vary from plan to plan.

[1] Most people don't pay a monthly premium for Part A if they've worked and paid Medicare taxes for at least 10 years.

Important 2025 Updates for Part D:

$2,000 cap on out-of-pocket costs If you're enrolled in a Part D plan (or a Medicare Advantage plan that includes drug coverage), once you spend **$2,000** in covered out-of-pocket drug costs (deductibles, copays, coinsurance), your plan pays for the rest of your covered Part D drugs for the year.

Option to spread out drug costs across the year You'll have the option to spread your out-of-pocket costs evenly through the year instead of paying large amounts all at once, commonly referred to as ***smoothing***.

At a Glance: Comparing Medicare Plans & Supplemental Plans

Feature / Plan	Original Medicare (Parts A & B)	Medicare Advantage (Part C)	Medigap (Supplement)	Dual Eligibility (Medicare + Medicaid)
Coverage	Hospital (A) + Medical (B)	Includes A & B, often adds Part D (drugs) and extra benefits (vision, dental, hearing, wellness programs)	Helps pay for out-of-pocket costs under Original Medicare (copays, coinsurance, deductibles)	Full Medicare coverage + additional Medicaid benefits (may include premiums, copays, LTC)
Provider Choice	Any doctor/hospital that accepts Medicare	Usually limited to network; may require referrals	N/A — works with Original Medicare providers	Depends on state Medicaid rules; often broader than Medicare Advantage networks
Prescription Drugs	Not included (Part D required)	Often included (Part D)	N/A	Medicaid may cover drugs not included in Medicare Part D; Part D usually still applies
Costs	Premiums for Part B; possible Part A premium if not free; deductibles & coinsurance	Varies by plan; often includes premiums, deductibles, copays; may have an annual out-of-pocket max	Monthly premium for the supplement + Part B premium	Low or no premiums; low or no cost-sharing for covered services
Extra Benefits	None beyond Part A/B coverage	Often includes dental, vision, hearing, and wellness programs	N/A	Must qualify for Medicaid Extra state-provided benefits (vision, dental, LTC, home care), depending on the stateMedicare
Enrollment	Automatic at 65 if eligible	Must choose during enrollment period; usually requires dropping Original Medicare	Must have Original Medicare to buy	Must qualify for Medicaid in your state, in addition to Medicare

Bottom line:

In 2025, Medicare Part D puts a firm $2,000 annual limit on out-of-pocket drug costs, removes the "donut hole," and lets you spread payments over the year—making prescription costs more predictable, affordable, and easier to manage.

Key Considerations for Part D - Prescription Drug Coverage

The $2,000 cap doesn't apply to:

- Your monthly premiums for Part D plans.
- Drugs covered under **Part B** (for example, injections or infusions given in a doctor's office or outpatient setting).

Keep In Mind: The negotiated drug prices aren't immediate for all drugs; only certain drugs are selected in each cycle, with implementation in future years.

Want to Talk to Someone About Medicare?

Your **Regional Access Manager** is available to walk you through the Medicare process and help you compare plans and understand what's covered and what's not. You can expect them to contact you proactively as a courtesy.

However, you can also call KalVista Cares **844-432-3322** (M-F 8:30AM-8PM ET), and a Care Manager will connect you with your Regional Access Manager to address any questions you may have.

Questions to ask KalVista Cares:

How can I prevent a lapse in coverage when transitioning to Medicare?

If I'm already receiving Social Security benefits, do I need to enroll in Medicare?

How can I compare my retirement benefits and Medicare coverage?

Can you explain Medigap?

If I'm on Medicaid, can I still get Medicare?

Will my Medicare Plan D notify me if there's a change in coverage for my KalVista treatment?

Medicare Enrollment Period - Sign Up

Medicare Annual Enrollment runs from October 15 to December 7.
This is your chance to review your plan and update your coverage for next year.

Turning 65? You have a 7-month window to sign up: 3 months before your birthday, your birthday month, and 3 months after.

Additional Helpful Resources

- **Medicare.gov/plan-compare**
  Compare plans in your area
- **Medicare.gov/medicare-and-you**
  Official Medicare guide
- **1-800-MEDICARE** *(1-800-633-4227)*
  Medicare help line
- **Social Security (ssa.gov)**
  Enrollment support
- **SHIP** *(State Health Insurance Assistance Program) Free local counseling*

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Questions about the Medicare Enrollment process?

Our team is available Monday through Friday, 8:30AM – 8PM ET **844-432-3322**

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Bottom Line:

- **Original Medicare** provides broad access but offers limited additional benefits.
- **Medicare Advantage** bundles coverage, sometimes with extra benefits, but may restrict your provider network.
- **Medigap** fills gaps in Original Medicare but does not cover extra benefits or Part D.
- **Dual eligibility (Medicare + Medicaid)** offers extra help with costs and services beyond standard Medicare, often making care more affordable.

Important Terms

Premium: The amount you pay for your health insurance every month.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself.

Smoothing: Allows Medicare beneficiaries with Part D to opt into an alternative payment structure for their cost-sharing for covered Part D medications. Helps people manage out-of-pocket drug costs by spreading them across the calendar year.

Copayment: A fixed amount ($20, for example) you pay for a covered health care service after you've paid your deductible.

Coinsurance: The share of cost that you will be responsible for after you have met your deductible. (e.g. If Medicare covers 80% of a service, you will be responsible for 20%.)

Questions about the Medicare Enrollment process?

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