

# Financial Concerns



**LIVING BEYOND  
BREAST CANCER®**

With you, for you.



## Dear Friend:

No matter what your stage of breast cancer or treatment plan, managing medical and living expenses may seem overwhelming when you are feeling anxious about your health. It can be difficult to talk about money. You may not know where to go for help.

This guide is designed to help you navigate the financial aspects of a breast cancer diagnosis so you can take control of your finances and focus your energy where it is needed most—on your physical and emotional needs. In it, we explain the costs associated with treatment, give tips on managing the financial impact of your care, and show you where to find support.

We encourage you to talk openly with your healthcare team about the costs of your care and how to find resources for assistance. You may also call our Breast Cancer Helpline at (888) 753-LBBC (5222) for guidance, information and peer support. Our trained volunteers are here to listen and help direct you to resources in your area of need.

Since 2014, the Affordable Care Act has grown access to healthcare coverage, including among people with long-term or serious illnesses like breast cancer. Some of these changes are complete and others are still underway. LBBC will keep you informed through our programs and LBBC.ORG.

Warmly,

Jean A. Sachs, MSS, MLSP  
Chief Executive Officer

Fill out our online survey today for a chance to

**win a \$25 gift card!**

VISIT: [surveymonkey.com/r/2016LBBC](https://surveymonkey.com/r/2016LBBC)



Tell us what you think of the *Guide to Understanding Financial Concerns*.

**Thank you**

for helping Living Beyond Breast Cancer improve our programs and services.

## Everyone's journey is different.

If you have stage IV (metastatic) breast cancer, visit LBBC.ORG for resources created just for you.



**LIVING BEYOND  
BREAST CANCER®**

With you, for you.

**Toll-Free Breast Cancer Helpline**  
 (888) 753-LBBC (5222)  
[lbbc.org/helpline](http://lbbc.org/helpline)

All people pictured in this guide are LBBC volunteers whose lives have been affected by breast cancer. We thank them for sharing their experiences.

**SECTION 1**

Asking for Support ..... 6  
 A Note on Asking for Help ..... 8

**SECTION 2**

Finding Help for Medical Costs ..... 10  
 Using Your Healthcare Team ..... 11  
 Paying for Prescriptions ..... 16  
 Participating in Clinical Trials ..... 16  
 More Tips and Resources ..... 17  
 A Note on Personal Fundraising Websites ..... 18

**SECTION 3**

Understanding Your Health Insurance ..... 20  
 Understanding Your Policy ..... 22  
 How Private Insurance Works ..... 27  
 How Government Health Coverage Works ..... 29

**SECTION 4**

Ways to Obtain Insurance If You Don't Have Coverage ..... 40  
 Federal and State Programs ..... 41  
 Other Insurance Options ..... 42

**SECTION 5**

Understanding Job Change or Loss ..... 44  
 Working Through Treatment ..... 45  
 Taking Time Off ..... 47  
 Replacing Income When You Can't Work ..... 48  
 Losing Your Job or Leaving School ..... 51

**SECTION 6**

Understanding the "Hidden" Costs of Breast Cancer ..... 54  
 If You Have Trouble Paying Your Bills ..... 55

**SECTION 7**

Protecting Your Family's Financial Future ..... 58

**SECTION 8**

Moving Forward ..... 62

**SECTION 9**

Resources ..... 64  
 Words to Know ..... 68



## Using This Guide

- **If you need help asking for support**, use section 1 to get tips.
- **If you need help understanding, managing or paying for medical expenses**, section 2 will help you navigate the system and provide practical resources.
- **If you have questions about health insurance**, read section 3 to understand how it works, the expenses you may encounter and how to best use your benefits.
- **If you don't have insurance**, section 4 will explain ways to get coverage.
- **If you lost (or may lose) your job, or you changed jobs**, read section 5 to understand your rights in the workplace and how to pay for care.
- **If you need help understanding, managing or paying for daily living expenses or indirect costs** of breast cancer, such as transportation to and from treatment, read section 6.
- **If you need help planning for your financial future**, read sections 7 and 8.
- **If you want more resources**, including programs that provide financial assistance to people affected by breast cancer, go to section 9.
- **If you need help understanding bold terms used in this guide**, turn to section 9.

# Asking for Support

After a breast cancer diagnosis, the last thing you want to worry about is finances. Yet costs associated with breast cancer can be a burden and cause great stress. You may face “hidden expenses” you never expected.

It’s important to know that help is out there, but you have to ask for it.

While you are getting medical care, it’s essential to focus on your health, day-to-day living and coping with treatment. Asking for help with financial concerns can save you time and energy. You might consider asking your friends, family, faith community or healthcare team.

It can be hard to ask for and accept help, but doing so is a win-win situation. Reaching out for support is not a sign of weakness but of strength. It can empower you and ease anxiety and worry, all while allowing those who care about you to feel useful.

When someone asks, “How can I help?”, it may be hard to say, “I need money.” A trusted point person can ease the burden by letting them know that you need gift cards for groceries or gas. Your support network can also help you navigate your insurance, find financial assistance options, make phone calls and help you fill out applications for aid. Know that you don’t have to handle these tasks alone.

To ease your stress, deal with financial issues at the time of day when your energy level is high, not when you feel tired.



You or a trusted friend or family member also can set up a free, private website through sites like Lotsa Helping Hands ([lbbc.lotsahelpinghands.com](http://lbbc.lotsahelpinghands.com)) and CarePages ([carepages.com](http://carepages.com)) to share your needs. People can visit your page when they want to know how to help.

### A NOTE ON ASKING FOR HELP

If one option for help doesn't work, you might feel like you hit a wall. Try not to focus on that one option. There are others out there.

Reach out. If you become overwhelmed by juggling treatment and managing your finances, talk with your social worker, contact a local church or call the [Breast Cancer] Helpline at LBBC. It is amazing how many organizations help [people] with breast cancer. You don't have to go through this alone!"



# Finding Help for Medical Costs

Medical costs include doctors' appointments, tests, treatment, medicine and follow-up care. The amount will depend on several factors, including the length and type of treatments you need and your health insurance coverage.

It can be hard to cope with the cost of breast cancer care. If you lose your healthcare or you never had it in the first place it can be even harder. Even with health insurance coverage, you can run up large debts. **Deductibles** and other **out-of-pocket expenses** can add up quickly.

If you have little or no insurance coverage, paying for treatment may seem overwhelming. **Still, it's very important that you stay on schedule for treatments and doctors' visits.** Set aside money for your daily living expenses *before* you start paying for medical bills. There are resources available that provide financial support, help you feel in control of your money and budget your expenses over time.

## Using Your Healthcare Team

**Your healthcare team is your greatest resource.**

Talk with them about your options, and connect with a social worker. Ask a member of your medical team to help you find one. Your social worker can connect you with resources to help you pay for treatments and make sure you get all the assistance and coverage you can from your insurance company, government agencies and nonprofit groups.

If you anticipate accumulating a large debt to hospitals and doctors, do not hesitate to try negotiating with them. In some cases, they may write off the bill. They will help in any way they can and are usually quite accommodating if you can prove (through bank statements and other bills, etc.) that you are in need of some help.”



## QUESTIONS TO ASK ABOUT HELP WITH MEDICAL COSTS

- 1** Does my treatment center have financial counseling services?
- 2** Am I eligible for financial assistance for medical care through government agencies and nonprofit groups?
- 3** Does my treatment center have financial assistance programs that allow me to get treatment at no or low cost?
- 4** Can I pay my bills over time, on a payment plan?
- 5** Would it be possible for my treatment center to “forgive” part of the bill while I pay the rest over time?
- 6** Would my treatment center give me a discount if I pay my entire bill when I get it?
- 7** Do any organizations or medical centers in my area have programs that provide free or low-cost services for those who can’t pay? If so, am I eligible?
- 8** Am I eligible for clinical trials that cover the cost of my care?



## 10 WAYS TO GET MEDICINES AT REDUCED COST OR FOR FREE

- 1 If you have insurance, contact your case manager or the Patient Advocate Foundation** (page 65) to find out what information your doctor must send your insurance company to get your medicines covered.
- 2 Ask your doctor about generic medicines**—they are usually less expensive than brand names.
- 3 Ask your doctor for samples.** Prescriptions cannot be returned. If the sample causes side effects, then you won't have to pay for a medicine you can't take.
- 4 Ask your doctor, nurse or social worker to find out if you qualify for a Patient Assistance Program** through your state government, charitable groups or the company that makes your medicine. PAPs provide low-cost or free medicines to those who qualify. Some will help you file an appeal (see page 38) with your insurance company to cover certain medicines. Visit the website of the company that makes your medicine and search “financial assistance,” or contact the Partnership for Prescription Assistance if you need help (page 66).
- 5 Ask your health insurance company if your medicines are on your plan’s “preferred drug list.”** If not, ask your doctor if you can switch to medicines on

this list so your insurance will cover all or part of the cost. Some prescription plans have levels, or **tiers**, of coverage for certain medicines. For example, generic medicines may have the lowest co-pay, while a brand name medicine will have a higher co-pay. With your doctor's help, you also might be able to appeal to get some coverage for a medicine not on your plan's preferred list.

- 6 Check how much medicines cost at different pharmacies**—some are cheaper than others.
- 7 Find out if you can mail-order prescriptions.** Co-pays may be lower if you get several months' supply at one time.
- 8 If paying out of pocket, ask your pharmacist to fill half of your prescription at a time** to make payments for medicines easier.
- 9 Explore whether your insurance plan allows you to get your medicine from your local pharmacy or requires you to go to a certain pharmacy.** Be sure to look at ads from major pharmacies to see if they offer better prices.
- 10 Ask your doctor if any over-the-counter medicines work the same as the prescribed medicine.** They may cost less.

## Paying for Prescriptions

Chemotherapy pills and anti-nausea medicines often make up a large portion of medical expenses. That can be challenging if you have limited income or health insurance that only pays for prescriptions after you pay a certain amount for medicines first — the deductible or co-payment (co-pay). Know that there are many resources that can help you pay for prescriptions (see page 65).

## Participating in Clinical Trials

Clinical trials are research studies that test how well new therapies, medicines or treatments work and if they are safe.

In clinical trials, there is **routine care** and also **research costs**. Routine care is care you would get whether you join a trial or have treatment outside a trial. The research costs are the cost of anything extra you need to be part of the trial, such as the medicine under study and extra tests or office visits.

The Affordable Care Act requires insurance companies to cover the costs of routine care in approved clinical trials. One exception is **grandfathered** insurance plans. Grandfathered plans are those that existed before March 23, 2010, and have not changed their services or costs significantly. They may or may not cover routine care costs in a clinical trial. The good news is some states require the cost of clinical trials be covered.

Medicaid plans also may not cover clinical trial costs, because U.S. law doesn't require it. Read more about Medicaid on page 34.

Ask your doctor if you qualify for trials that cover the cost of your care.



## More Tips and Resources

❖ If you get health insurance through an employer, ask if they offer a **Flexible Spending Account**. FSAs allow you to set aside some of your paycheck *before* taxes, to pay for medical care.

**Tip:** If you already have an FSA, find out if you've set aside the highest amount you can.

❖ Contact the IRS, an accountant or financial advisor to find out if you can deduct a percentage of your treatment costs—including travel to and from treatment, medicines, parking and hotel stays—from your federal taxes.

❖ Use medical credit cards as a last resort or for short-term financing—the start-up fees and zero interest rates go much higher after the grace period. Also, using a credit card takes away your ability to work with providers for discounts or longer payment plans.

❖ Ask a medical billing advocate to help with the paperwork and haggling of medical costs. Advocates help you find errors in your bills and negotiate lower fees. Contact Medical Billing Advocates of America (page 65) to find advocates by state.

❖ Use free services offered by your cancer center and local American Cancer Society, including nutritional help, exercise and cooking classes, wigs and counseling.

❖ Get help from your place of worship, community, social clubs and other groups you may belong to.

## A NOTE ON PERSONAL FUNDRAISING WEBSITES

Online fundraising through websites like GoFundMe (gofundme.com) and GiveForward (giveforward.com) have become a popular way to raise money for treatment and other financial needs. These sites can be a great way to connect with your support network and find the financial support you need.

Most money you raise through these sites is counted by the IRS as a gift rather than income. This is the same as money you get for a birthday or wedding. But be aware that in some cases it may be counted as income. This could impact whether you can apply for and get government benefits meant for people with little or no income. To learn more, talk with an expert at the Patient Advocate Foundation or the Cancer Legal Resource Center (see page 65).

● Explore grassroots fundraising. Hold a car wash, auction, bake sale, dinner or other fundraiser.

**Tip:** Make sure fundraising won't disqualify you for other benefits like Medicaid, food stamps, or Social Security.

**Tip:** If you can't pay for your prescriptions, consider asking friends or family to take turns buying your medicines for you. Many people will want to help.

● Turn to the *Resources* section (page 64) for a list of organizations that offer financial assistance for medical care.

“My insurance policy has a high deductible, so when I saw a \$4,000 charge for imaging services, I immediately called the company and told them I could pay half now or make a monthly payment over time. They were very kind and ended up taking what I could pay and writing off the rest.”



# Understanding Your Health Insurance

The Affordable Care Act requires most Americans to have at least some health care coverage. Health insurance pays for certain medical costs like doctor's visits and hospital stays. It may be offered through a government-sponsored program or a private company. When you face a serious illness, insurance can protect you from huge medical bills that may exhaust your savings and threaten your financial independence. If you do not get coverage or have a gap in coverage of longer than 3 months in a year, you could face serious penalties.

Understanding your insurance and benefits will help you plan ahead for out-of-pocket expenses and get the most coverage for the tests, procedures and treatments you need. It also can help your doctor recommend care covered by your plan. In many cases, your doctor may not know the total cost of your necessary care or what your personal insurance plan will cover.

Most of us aren't forced to navigate our insurance coverage until we face a serious illness, so it is easy to get confused and overwhelmed. Relax and take one step at a time.

You do not have to figure out your insurance coverage all on your own! When you are diagnosed, call your insurance company and ask for a case manager. Ask your healthcare team for a patient navigator, social worker or other staff member to help manage communication between you, your doctors and your insurance company.

Write down the person's name and contact information for future questions. Keep notes on every talk you have. A friend or family member might be able to help you make initial phone calls. Often, you may need to give written permission for others to call your health insurance company about your policy on your behalf. Read the information carefully.

## Understanding Your Policy

A first step toward understanding your coverage is getting an up-to-date copy of your plan's basic information. You should have a benefits booklet or policy, often called an **explanation of benefits**, which spells out what the insurance company will pay for and how much you will have to pay. You may be able to find your explanation of benefits through your insurer's website if you set up your account online. Even if it is on their website, you can ask to have a paper copy mailed to you. Read the relevant information about covered benefits carefully.

Be sure to read the "limitations and exclusions policy" or "items not covered by this policy" section. Most plans do not cover every service. For example, some policies may not cover complementary therapies, wigs, or hair transplants (though many do).

Under the Affordable Care Act, all insurance plans that are not grandfathered individual or small group policies (see page 16) must cover the following 10 **essential health benefits**:

- ◀ Outpatient care
- ◀ Emergency services
- ◀ Inpatient hospital stays
- ◀ Mental health services and services for addiction to substances like drugs and alcohol

- ◀ Prescription medicines
- ◀ Rehabilitative and habilitative services and devices
- ◀ Lab services
- ◀ Preventive and wellness services, including chronic disease care
- ◀ Maternity and newborn care
- ◀ Pediatric services, including eye and dental care

You may buy a new plan through your state's health insurance marketplace or exchange (see page 36) during an **open enrollment** period, if you have a plan that does not cover one or more of these services.

If you find gaps in what your plan will cover, ask your team about patient assistance programs to help you get the coverage you need.

Ask your hospital if it has a breast cancer center. Often these centers will have free counseling, wigs, prostheses and support groups."



## 12 QUESTIONS TO ASK ABOUT INSURANCE

Find out what your out-of-pocket costs will be. Even if your health insurance pays most medical fees, some treatment or service-related costs may not be covered. Many plans have a combination of **co-pays**, **co-insurance** and deductibles. Because these costs can add up if you see several doctors or need many prescriptions, even people with insurance can run up large debts. Estimating your weekly expenses can help you plan ahead.

Get organized. Start a file for all paperwork related to your diagnostic tests, treatments, follow-up care and insurance claims. Or, ask an organized friend or family member to do it for you. Keep it handy at all times for calls to your insurance company and for doctors' visits. Keep:

- a calendar to record dates of appointments, payments, etc.
- notes from doctor's appointments
- insurance information, including summaries of calls to your insurance company (note who you spoke to, and when)
- test results
- receipts
- bills
- websites and resources

Software, such as Family Health Care Manager ([fhcmssoftware.com](http://fhcmssoftware.com)), may help you organize your healthcare expenses. You can keep track of claims you need to submit, bills you paid, and more.

**Be proactive. After insurance pays, if you owe the hospital or doctor additional money, figure out how much you can pay each month and call them before they call you."**

- 1 What are my co-pays?
- 2 What is the most I will pay on my own (my maximum out-of-pocket limit)?
- 3 Do I have a deductible to pay? If so, how much is it?
- 4 How do I pay? Does the doctor's office bill the insurance company for me, or do I pay the bill up front and have the insurance company pay me back (get reimbursed)?
- 5 Do I have to see certain healthcare providers to have my insurance company pay? If I decide to see a doctor out of my network, what are the fees?
- 6 How does the referral process work? If my doctor refers me to a specialist, how will that be covered and how much will the co-pays be?
- 7 Does my doctor's office need to ask for approval for some services before they take place? If so, what services need pre-authorization?
- 8 What medicines does my plan cover?
- 9 Is there a yearly limit to how much my policy will cover my treatment? If so, are my medical bills likely to reach that amount?\*

- 10 What services will not be covered?
- 11 Does my policy cover a second or third opinion?
- 12 Does my policy allow a substitution of benefits?

*\* Under the Affordable Care Act, all healthcare plans are banned from placing lifetime limits on coverage of essential health benefits. This includes grandfathered plans. Most plans are also banned from placing a yearly limit on coverage of essential health benefits, except for grandfathered individual plans. If your care is not an essential health benefit, the insurance company may put yearly or lifetime dollar limits on those services.*



## How Private Insurance Works

Private insurance is bought through a private company, rather than being available through the government. Plans available through the health insurance marketplaces established by the ACA are private insurance plans, as is insurance you may have through your employer. If you have a **group insurance policy** through your job, or if you bought an **individual insurance policy**, you may have one of several types of private insurance plan.

### TYPES OF PRIVATE HEALTH INSURANCE HEALTH MAINTENANCE ORGANIZATION

HMOs usually limit your choice to **in-network** healthcare providers. Most HMOs need your **primary care provider (PCP)** to give you a referral to see another in-network specialist or go to a healthcare facility. If you see an in-network provider, HMOs usually cover most expenses after a co-pay. If you use an out-of-network provider, it generally won't pay for the services, and you may end up with large medical bills. Call the hospital or doctor's office before your visit to ask if your provider is in-network.

### POINT-OF-SERVICE PLANS

POS plans are a type of HMO with more flexibility. The PCP usually makes referrals to other doctors in the plan. You may go out-of-network, but you will likely have to pay more to do so.

### PREFERRED PROVIDER ORGANIZATION

PPOs supply a list of preferred providers, in-network doctors, hospitals, and other providers, you should use to lower your out-of-pocket expenses, but you should not need a referral to see a specialist. You may choose to get care from out-of-network providers, but you will pay a larger part of the costs.

## FEE-FOR-SERVICE

FFS plans to allow you to choose any doctor, change doctors any time, and go to any hospital in the United States. You pay a **premium**, a monthly, quarterly, or yearly fee. After you pay a deductible, your insurance will cover a set percentage of the bill. You must keep receipts for medical costs and track your medical expenses.

## EXCLUSIVE PROVIDER ORGANIZATION

EPOs limit your choice to in-network providers but don't require you to have a PCP. This type of plan doesn't cover any services by an out-of-network provider unless it is an emergency. You may need pre-authorization for in-network visits.

### KEY THINGS TO KNOW ABOUT PRIVATE HEALTH INSURANCE

No matter what type of plan you have, you should make sure your treatments are covered as soon as you can. Most insurance companies require your doctors' office to ask for approval for major, non-routine services before they take place, like treatments, procedures, tests or hospital stays. Make sure your doctor's office does this ahead of time, rather than after something is scheduled or done. This will ensure your insurance pays the bills according to your contract. If you need help, ask your insurance agent or case manager.

## BEFORE AND AFTER YOU GET A TREATMENT

After your insurance company approves your treatment plan, your treatment center will either:

- Submit paperwork to the insurance company to get reimbursed. Many providers accept a lower payment from the insurance company than they would charge you personally.
- Have you pay for the service first. You will then need to file a claim with your insurance company to get reimbursed.

Ask your insurance agent or case manager about the payment process for your plan.

**Tip:** Referrals often must be used by a certain date. Call your insurance company, look in your benefits booklet or contact your PCP to find out how long each referral lasts before you need another one.

**Tip:** Budget for future co-pays and deductibles. If you aren't able to pay, doctors and hospitals can stop your care, even if you have insurance.

## How Government Health Coverage Works

The U.S. government funds and manages healthcare programs for people who have certain needs. The most widely used are Medicare and Medicaid.

### MEDICARE

You may be eligible for Medicare if:

- You're 65 or older
- You're under 65 and have received **Social Security Disability Insurance**, SSDI, for at least 2 years
- You have permanent kidney failure requiring dialysis or a transplant



SSDI gives healthcare benefits to people who have worked for 5 of the last 10 years, paid social security taxes during that time and are or will be unable to work for at least 12 months because of a serious illness or disability. These requirements are less if you are under 31. Visit [disability.gov](http://disability.gov) to learn more about how you can get SSDI.

If you're under 65 and eligible for SSDI benefits, you have to wait 2 years before becoming eligible for Medicare benefits. Don't worry—there may be resources to help you. Your state Medicaid program may cover the costs of your medical care if you have low income and limited resources. These “resources” might be money in the bank, property that you own, or money set aside for retirement in a 401k.

Turn to page 34 to learn about Medicaid, read *Finding Help for Medical Costs* on page 10 or refer to the *Resources* section (page 64).



## WHAT DOES MEDICARE COVER?

Like private insurance, Medicare has several kinds of coverage with different kinds of benefits. Depending on your plan, you may go to any healthcare provider approved by Medicare, but always make sure they are a Medicare provider before you visit. Also, ask if your providers accept **assignment**, which means they send claims directly to Medicare and only charge you the deductible or co-insurance. Doing so can lower your out-of-pocket costs.

Sign up for Medicare as soon as you're eligible. Enrolling late to parts A and B (see below) can lead to extra fees that can last for the rest of your life. And, once your initial enrollment period ends, there are only a few other periods each year when you can join, which may mean having no healthcare coverage for some time.

The “traditional” or “original” Medicare program has two parts:

- ▶ **Part A (Hospital Insurance)** covers hospital care, nursing facility care and home health care automatically when you sign up. If you paid Medicare taxes while working, you won't have to pay a monthly premium for Part A. If you have Social Security or Railroad Retirement Board benefits, you will be automatically enrolled in Part A and Part B when you turn 65.
- ▶ **Part B (Medical Insurance)** has a monthly cost and covers most doctors' bills and some medical services and supplies. Doctors' appointments, outpatient care, medical equipment, home health services and some preventive services, including mammograms, are likely to be covered by Part B. When you apply for Part A, you can sign up for Part B. You may apply for financial assistance if you cannot afford Part B. Part B's monthly fees are generally taken automatically from your Social Security Disability or retirement benefits.

If you use Medicare Parts A and B, Medicare will either pay your healthcare providers directly (if they accept assignment) or pay you directly, making you responsible for paying the providers (if they don't accept assignment). You will pay deductibles and co-insurance.

Because Medicare typically pays 80 percent of the Medicare-approved amount after a yearly deductible, you must pay the remaining 20 percent. You can buy a **Medigap policy** (see below) to pay portions of medical bills that Medicare doesn't cover.

Medicare Supplement Insurance (*Medigap*) is sold by private companies to help you pay healthcare costs left after Medicare Part A and B cover their share. Policies vary by state. Try to purchase a Medigap plan as soon as you become eligible for Medicare. The protections offered by the ACA do not apply to Medigap plans, so if you wait, Medigap plans can deny coverage or charge more if you have a pre-existing condition.

Other plans include:

Part C, also called **Medicare Advantage**, offers plans through private insurance companies. Those plans often closely resemble private insurance plans. Part C has the benefits of Parts A and B and sometimes other services, like vision, hearing and dental care. Each plan sets its own premiums and other out-of-pocket costs and may have networks. This is not the traditional Medicare plan. Part C is offered in place of Medicare Parts A and B. If you choose Part C, you won't need a Medigap policy. Also, you may need to use providers who are part of your Medicare Advantage Plan's network. The Part D prescription drug coverage, explained below, is part of most Part C plans.

Part D (*Medicare Prescription Drug Coverage*) helps pay for prescription medicines after a deductible. To join, you pay a monthly cost. Although Part D is

optional, consider signing up unless there is a better prescription drug plan available to you, such as one through your employer if you are still working or through your spouse's employer. If you don't enroll in Part D when you first become eligible or if you go 63 days or more without drug coverage, you may have to pay a higher premium for prescriptions unless you can show you had another type of coverage while you did not have Part D. You'll only be able to sign up for Part D once a year, during open enrollment.

Medicare Part D has a **coverage gap**, sometimes called the "donut hole." Under Part D, you and your prescription plan provider share the cost of your medicines until the total cost reaches a specific dollar amount. This amount is set by Medicare each year. Once that amount is spent on your medicine, you enter the coverage gap, a period during which you're responsible for paying a percentage of covered, brand-name or generic medicines.

In 2016, you'll pay 45 percent of the cost for brand-name prescription medicines covered by Medicare Part D once you reach the coverage gap. That 45 percent, plus another 50 percent covered by the medicine's maker, will count toward your out-of-pocket costs. Medicare also will cover 42 percent of the price for generic medicines during the coverage gap. The discount should come off automatically when you're at the pharmacy. Under the ACA, by 2020 you only have to pay 25 percent of the cost of brand-name or generic medicines while you're in the coverage gap.

You stay in the coverage gap until you reach the maximum out-of-pocket limit. Then, Part D covers the rest of your medicines' costs for the rest of the year, and you pay a small co-pay.

The coverage gap can be financially challenging. The Health Care and Education Reconciliation Act, an amendment to the ACA, aims to gradually close the

donut hole by 2020. Until then, there are many ways to get your medicines for free or at low cost. See page 14 for details.

If you have low income and are on Medicare, you may qualify for Medicaid's Qualified Medicare Beneficiary Program, which covers the cost of your monthly Medicare premiums, co-payments, co-insurance and deductibles.

For more information about Medicare plans, contact

- The Centers for Medicare and Medicaid Services at [cms.gov](https://www.cms.gov) or (800) 633-4227
- Your local social security office
- Medicare Interactive at [medicareinteractive.org](https://www.medicareinteractive.org)
- The Medicare Rights Center at (800) 333-4114 or [medicarerights.org](https://www.medicarerights.org)

For more resources to help with Medicare questions, see page 64.

## MEDICAID

Each state runs its own Medicaid program. Your eligibility and benefits depend on where you live. They also depend on whether your state expanded Medicaid coverage or not.

In states that expanded Medicaid under the ACA, you can qualify based on your income alone as long as you don't fall into one of the other eligibility categories, like being disabled, pregnant or blind.

Whether your state expanded Medicaid or not, you may qualify if:

- You fall into one of the eligibility categories, like being disabled, pregnant or blind, and also have very low income, very few assets and no or not enough health insurance. In many cases, people

with cancer are considered "disabled" if they already get disability benefits.

- You don't qualify as low income, but you have high medical costs because of significant medical needs
- You meet general requirements and are also in a care facility, such as a nursing home, for 30 days in a row or more. States can choose to offer this coverage or not, so check with your local Department of Social Services to learn more

The states use different income limits, so if you are considering Medicaid, check how your income compares with the limits in your state and if there are other ways you may qualify.

With Medicaid, your healthcare providers submit paperwork to get reimbursed for the cost of treatments and other medical services. Medicaid then pays your providers directly. Depending on your state's rules, you may have a co-pay for some medical services.

Not all providers take Medicaid, so before you begin treatment, ask your local Medicaid office or Medicaid case worker for a provider list. Call the office to make sure it takes Medicaid. Doing so will help you get the best coverage for the medical services you need.

If you have questions, contact your local Department of Social Services, your social worker or financial counselor, or the Centers for Medicare and Medicaid Services at [Medicaid.gov](https://www.Medicaid.gov).

## BREAST CANCER AND THE AFFORDABLE CARE ACT

The ACA put into action a series of health insurance reforms, many of which affect women's health. They offer you protections and give more access to coverage. Most of these changes went into effect by the end of 2014.

• **Women's Health.** If you have a non-grandfathered health plan (see page 16), preventive services including mammograms every 1–2 years for women over 40 and well-woman visits for all ages, are covered with no co-pays, co-insurance or deductibles. *BRCA1* and *BRCA2* genetic counseling is also covered if you're at high risk for breast cancer.

• **Young Adults.** If you are 26 or younger, you may stay on your parents' health insurance plan whether you're a student or working. If you are a young adult, unemployed and make less than a certain dollar amount per year, you may be eligible for Medicaid (page 34).

• **Pre-existing Conditions.** Insurance companies can't deny coverage for having a pre-existing condition, such as cancer, or charge you more when enrolling in a plan. This does not apply to grandfathered plans or short-term health insurance plans.

• **State Health Insurance Marketplaces/Exchanges.** Anyone with little or no health insurance can buy private health insurance plans (page 27) through their state's Health Insurance Marketplace/Exchange during open enrollment periods. The Marketplace offers plans with different monthly costs and coverage packages, so you can find an affordable plan that meets your needs.

## Financial Assistance for Insurance Premiums.

If you make less than a certain amount per year, you may qualify for **tax credits** or **cost-sharing subsidies** to help pay for insurance. Tax credits are an amount of money you won't have to pay in your yearly taxes. Cost-sharing subsidies are small grants that help with out-of-pocket costs. Keep in mind, these tax credits are only available if you buy insurance through your state's Health Insurance Marketplace/Exchange.

• **Clinical Trials.** Most insurance companies can no longer limit coverage of routine care costs you get during treatment through a clinical trial (page 16 for exceptions).

• **General Restrictions.** You can't lose your coverage for making mistakes on your insurance application. Unless your plan was grandfathered, it can't limit coverage of essential health benefits (see page 22).

• **Right to Appeal.** If your insurance company decides not to pay for a certain service or treatment, you might have the right to an external appeal. An **external appeal** allows you to challenge the decision your insurance company made to an outside organization that is not related to your insurance company. Sometimes external appeals will get your insurance company to pay for the service they denied before.

Your state also may support appeals even if your plan is grandfathered. Find out if your state has a Consumer Assistance Program to help with the appeals process.

You can find information and assistance at [healthcare.gov](http://healthcare.gov).

## WHAT TO DO IF YOUR CLAIM IS DENIED

Sometimes your insurance may not pay for a treatment or medicine your doctor recommends. This is called “denying the claim.” You can still get the treatment, but you might have to pay for it yourself.

If your insurance company denies your claim, you should:

- Talk with your case manager and find out why. Your insurance company may need more information. The ACA requires that health plans notify you of all the reasons your claim was denied as soon as possible.

**Tip:** Read your explanation of benefits and give your insurance company the information it needs. Make sure the code for the covered service and date of service are correct and complete.

**Tip:** If you saw a provider out of your network, make sure a claim was submitted. Your doctor’s office usually doesn’t take care of this. It’s your responsibility.

- Learn about your insurance company’s appeal process.

**Tip:** Before you appeal, ask for your doctors’ help. If your doctors think it’s right to appeal, they might ask the person who handles insurance claims at the office to help with the appeals process and provide the documents your insurance company needs.

**Tip:** Get a letter from your doctor and make a copy for your records.

- Ask your doctor’s office to appeal the decision, or find out if a complaint to your state’s department of insurance is appropriate in your case and how to file one.

**Tip:** You may be able to file an appeal to get coverage for treatments as “medically necessary” or “experimental/investigational expenses.”

**Tip:** A medical billing advocate can help you negotiate with your insurer to appeal coverage denials. Also, contact your state’s office of the insurance commissioner or get advice from a lawyer who handles insurance coverage denials.



# Ways to Obtain Insurance If You Don't Have Coverage

If you don't have health insurance, you may be scared and overwhelmed at the thought of paying for breast cancer care. Remember, you deserve the best care possible. There's help out there. You just have to know where to look.

Your doctor's office should have a patient navigator, social worker or other person who can help you find coverage. You also can ask a friend or family member to help you explore options if you don't feel up to doing it yourself.

## Federal and State Programs

If you weren't insured before your diagnosis, there are several ways to get insurance through private companies or government programs, including:

### HEALTH INSURANCE MARKETPLACES/ EXCHANGES

To learn more, read *Breast Cancer and the Affordable Care Act* on page 36. Trained navigators may be available at your cancer center to help you through the application process.

### MEDICARE OR MEDICAID

To find out if you are eligible, turn to *How Government Health Coverage Works* on page 29.

**Tip:** Apply for Medicaid, even if you don't think you meet the income requirements. Many financial assistance programs require that you apply to Medicaid before they consider you, so keep records of your application.

## THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

Provides free or low-cost screening and diagnostic services for people with little or no insurance. If you were screened and diagnosed under this program, your treatments are covered through Medicaid. It is available nationwide. For more information, visit [cdc.gov/cancer/nbccedp](https://cdc.gov/cancer/nbccedp) or contact (800) 232-4636 or [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov).

## VETERAN'S BENEFITS

To see if you or a loved one qualify for healthcare through the Department of Veterans Affairs, visit [va.gov](https://va.gov) or call (877) 222-8387.

## CHILDREN'S HEALTH INSURANCE PROGRAM

If you're pregnant or have children, contact a social worker at your doctor's office or your state's Department of Health and Human Services to learn about eligibility for CHIP. Requirements vary by state.

Some hospitals and nonprofit medical facilities receive money from the federal government or foundations to provide free or low-cost services to those who can't pay. To learn more, talk with your doctor or hospital social worker.

## Other Insurance Options

Some unions, civic groups and associations offer **guaranteed-issue** group insurance, health plans available regardless of health history.

- If you can, find a job that offers employer-sponsored group health coverage.
- If you don't have insurance right now but recently had a group health insurance policy, ask the insurance company if you can keep your coverage through COBRA. Learn more about this option in *Understanding Job Change or Loss* (page 44).



# Understanding Job Change or Loss

## Working Through Treatment

You may want (or need) to continue working during treatment, especially if you have health insurance through your employer.

If you can do the basic duties of your job and your employer has 15 or more employees, you can ask for a “reasonable accommodation” under the Americans with Disabilities Act. **Reasonable accommodations** may include flexible or shortened hours, time off for treatment, or use of employer phones or email and fax systems to reach your doctors.

“Flex time,” or flexible work hours, is a common accommodation people with cancer request. This could mean shifting your hours to make time for doctors’ appointments on an as-needed basis. It could also mean working from home on weekends to make up time taken for treatment during the week. If you use flex time, you still work your usual 40 hours a week—just not on the same schedule as usual. How and when you use flex time will be up to you and your employer.

State or local laws that make it illegal for someone to treat you differently because of a disability may cover you if your work has fewer than 15 employees. You may also shorten your work schedule under the Family Medical Leave Act. FMLA allows you to take up to 12 weeks off of work without risk of losing your job or insurance benefits, but you will not be paid during



that 12 weeks. To use FMLA, you must have been working full-time for an employer or company that has 50 or more employees within a 75 mile radius of where you go to work. For example, if you work for a chain retail store with fewer than 50 employees at your store's location, you may still be able to use FMLA if the company has other store locations within 75 miles of you that bring the total number of staff working for that company to 50 or more. You must also have worked at least 1,250 hours during that year. That works out to about 20–25 hours a week.

There is also **intermittent FMLA**. With this, you use your unpaid FMLA leave in separate chunks of time to complete your treatments. You will only be able to take up to 12 weeks off, but depending on your treatment schedule, this may let you work when you feel well and take off when you feel low. Your employer will need to approve your plan to use FMLA like this.

Ask if your employer offers an Employee Assistance Program. EAPs can help you deal with personal problems that may affect your work performance, including emotional and financial concerns.

Note that state and local laws also protect you from abuses or discrimination related to your diagnosis while working through treatment. Check to see what other support they may give. If you need help, contact the Cancer Legal Resource Center at [cancerlegalresourcecenter.org](http://cancerlegalresourcecenter.org).

## Taking Time Off

If you have employee benefits like sick leave, vacation and personal days, consider using them to take the time you need for treatment and recovery.

If you've used all your sick time, ask your human resources department if your colleagues are allowed to donate sick leave, vacation or personal days to an "all staff" bank.

To take time off for a long period you can use FMLA in separate blocks of time while you undergo treatment. Keep in mind that FMLA is unpaid, so your employer might require you (or you might choose to) take paid sick or vacation time at the same time as FMLA.

You also may be able to ask for time off for treatment as an accommodation under the Americans with Disabilities Act, or state or city anti-discrimination laws.



You will need to give basic information about your symptoms or condition to your supervisor or human resources department to ask for an ADA accommodation or time off under FMLA. **You do not need to tell them your diagnosis.** You only need to give enough details so that your employer knows why you need time off or an accommodation.

Though you do not need to tell anyone your diagnosis, choosing to tell your employer why you need FMLA or another accommodation may help in some ways. You may want to give them a letter from your doctor that explains both why you need to use either one, and also that it is safe for you to continue to work. The letter will show them that though you need to use this time, you are committed to working as much and as well as possible. But remember, it's up to you how much you want to tell your employer.

## Replacing Income When You Can't Work

If you think you won't be able to work for any length of time, consider filing for disability. Ask yourself:

- ◀ Will I need long- or short-term disability, or both?
- ◀ How long will I be out of work?
- ◀ Have I paid into Social Security? If so, when will I be eligible for Social Security Disability Insurance?

Ask your doctor about side effects and recovery times to help answer these questions and plan accordingly.

## DISABILITY INSURANCE PROGRAMS

### SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

A program of the Social Security Administration. You may be eligible if you have

- ◀ been out of work or expect to be out of work for at least 12 months
- ◀ a fairly consistent work history and have worked at least 5 of the past 10 years and paid into Social Security during that time (work history requirements may be different if you are under 31)
- ◀ a medical condition that meets the Social Security Administration's definition of a disability

Many people with metastatic breast cancer qualify for monthly cash benefits under SSDI. Some with other invasive breast cancers also qualify. If you're approved, there is a 5-month waiting period from the date that the Social Security Administration decides your disability began. Your benefits won't begin until the 6th month of full disability. After your benefits start, you may be able to collect benefits for any time between when your disability began and when your application was approved, but not for the 5-month waiting period.

You may be able to have your claim processed faster if you have metastatic disease. If you have COBRA (see page 51) and are approved for SSDI during your first 2 months of COBRA coverage, contact your COBRA administrator and ask for your benefit to be extended. After 2 years on SSDI, you qualify for Medicare. For more information, visit [socialsecurity.gov/disability](https://socialsecurity.gov/disability).

**Tip:** Apply for SSDI as soon as you meet the Social Security Administration's definition of "disabled," because the application process can take 3 to 6 months. If you're able to return to work, you can always withdraw your application.

**Tip:** Denial of SSDI benefits is not uncommon for first-time applicants. Because of this, you should strongly consider appealing the decision. With the right records and help from a disability lawyer, this often leads to approval.

### SUPPLEMENTAL SECURITY INCOME (SSI)

If you have not worked for long or did not pay into the Social Security system and you have very low income with little savings, you may qualify for SSI. SSI provides monthly cash benefits for people who are disabled, elderly or blind for basic needs like food, clothing and rent. If you qualify, benefits usually begin the first full month after you're approved. Immediate payments may be made if you are facing a financial emergency. If you're approved, you may automatically qualify for Medicaid without having to submit a separate application. You may also qualify for Social Security retirement benefits.

To see if you qualify for SSI or SSDI, use the Benefit Eligibility Screening Tool at [ssabest.benefits.gov](https://ssabest.benefits.gov).

### STATE DISABILITY INSURANCE (SDI)

In states that offer short-term disability insurance programs funded by deductions from your payroll, you may be able to get SDI. SDI pays you part of what you would have earned at work. To see if your state has SDI, talk with the social worker at your treatment facility or contact the Patient Advocate Foundation ([patientadvocate.org](https://patientadvocate.org)).



### EMPLOYER-SPONSORED OR PRIVATE DISABILITY INSURANCE

When offered, this insurance replaces between 50 and 90 percent of your income, depending on the terms of your policy. Your human resources department can tell you if your job offers disability insurance and about the benefits. Keep in mind it can be tough to sign up for coverage once you've been diagnosed.

Disability insurance also can be purchased from unions, civic groups and other associations. There are both long-term and short-term policies. Short-term covers up to about 6 months. Long-term can last until retirement, depending on the plan. These plans are purchased separately.

*Don't be afraid to apply for disability. I wish I would have. I was too hung up on the social connotations of the term, and I lost valuable financial assistance."*

### Losing Your Job or Leaving School

If you lose your job or leave school, it's important not to leave gaps in your coverage.

Continuing your coverage ensures you will get timely care. There are several ways to keep your coverage when your life changes.

### COBRA

The Consolidated Omnibus Budget Reconciliation Act is a U.S. law that allows you to continue your employer-based group insurance coverage for a short time by paying the full cost yourself. This coverage protects you if you leave or lose your job, or you are no longer eligible for employer-covered benefits due to fewer

work hours. COBRA may cover your family members if they were covered under your insurance plan before you left or lost your job.

Employers with fewer than 20 employees for at least half the year aren't required to offer COBRA coverage. Many states have a program like COBRA if your employer does not offer it.

If you lose or leave your job, you have 60 days to decide whether to enroll in COBRA. You're also eligible for a 60-day period to enroll in a marketplace healthcare plan (see page 36). Depending on your income, a marketplace plan may be a better option for you, because COBRA requires you to pay the full premium that had been shared by you and your employer. Low income may make you eligible for tax credits if you buy a new plan through the marketplace.

If you choose COBRA, know that you can't switch to a marketplace plan until the next open enrollment period or until your COBRA coverage ends. Once that happens, you may enroll in a marketplace plan.

COBRA may be attractive to you if you're in active treatment and worried about finding a marketplace plan in which your current providers and care facilities are in-network. Still, the amount you may save by buying a marketplace plan may be worth taking the time to find a plan your providers participate in.

Coverage through COBRA can be expensive, but it often costs far less than breast cancer care without insurance. For more information, contact the Employee Benefits Security Administration of the U.S. Department of Labor (page 66).



## Understanding the “Hidden” Costs of Breast Cancer

Medical bills aren't the only costs that come up during treatment. Daily living expenses, including food, mortgage payments, rent and utility costs, can present a challenge, especially if you're unemployed or taking time off work. Transportation to and from treatment, extra gas and parking fees, and hotel stays during treatments done away from home also can be expensive.

Because these “hidden expenses” can be frustrating and worrisome, try to think about them ahead of time. Figuring out your monthly income, how much you spend and what you spend it on can help you decide if and where you can cut back. If you suspect you will come up short, you can take steps to get help.

“Many hospitals have grants that can help breast cancer patients deal with transportation issues. I live 2 hours from treatment, but I found a local organization that had received a grant to issue \$25 gift cards for gas. This helped defray my travel costs.”

### If You Have Trouble Paying Your Bills

To protect your financial independence, it's important to address problems right away. Don't let bills pile up. Some hospitals and nonprofit medical centers get money from the U.S. government or foundations to

provide free or low-cost services to those who can't pay. To learn more, talk to your doctor or hospital social worker.

## 10 TIPS TO FOLLOW IF YOU'RE HAVING TROUBLE PAYING YOUR BILLS

- 1 Always make a payment or ask to make a payment plan, unless you believe the bill should have been covered by insurance or you plan to dispute it.** Even small payments matter. They show you're trying to pay and can be the basis for working out a payment plan. For help, contact organizations like the National Foundation for Credit Counseling (see page 67).
- 2 Ask if your insurance covers any indirect costs related to treatment.** These may include at-home care, special foods and nutritional supplements, special equipment (such as lymphedema sleeves, breast prostheses and bras) or attire (such as wigs).
- 3 If you own your home, contact your mortgage lender to work out new payment plans.** Options may include taking a second mortgage, a reverse mortgage or a home equity loan.
- 4 If you have an emergency fund or assets like home or life insurance, see if you can use them to get cash.** Assets are things you own, like homes and belongings that have significant value.

- 5 Contact your local United Way, American Cancer Society, CancerCare or other organization listed in the resources section** (page 64). They may be able to offer financial assistance or help with travel, meals, lodging, special equipment like wigs and breast prostheses and other needs.
- 6 Ask a social worker or nurse** at your medical center to refer you to nonprofit, government or other organizations that may be able to help.
- 7 Ask if you can obtain a disability waiver for some debts**, such as your mortgage, student loans or car loan.
- 8 Contact an accountant, financial advisor or other professional for advice.** Accountants can help you save money on income taxes by deducting medical expenses. A financial advisor can show you how to put your assets into a trust to protect them from creditors, take control of your finances and plan for the future.
- 9 Look for free or low-cost financial planning talks** sponsored by organizations such as AARP or by investment management companies.
- 10 See if you have a critical illness insurance policy or a cancer insurance policy.** These will pay cash upon the diagnosis of some stages of breast cancer.

# Protecting Your Family's Financial Future

Being diagnosed with a life-threatening disease forces many of us to think about issues we would rather avoid. Who will pay for the costs of my care if I become unable to manage my finances? What would I want to have happen?

To ensure your voice is heard, you may want to get a lawyer to help you establish financial powers of attorney and a will.

A **financial power of attorney** allows you to give someone you trust access to your assets. This person can legally make financial decisions for you and pay your bills if you become unable or are unwilling to do so. Specify that you want a **durable power of attorney**, which means it remains effective even if you become disabled or otherwise unable to function. Otherwise, in most states, a financial power of attorney automatically ends if you later become unable to act on your own behalf.

Some states have free financial power of attorney forms. Many banks and other financial institutions have their own forms they prefer clients to use. Ask your bank if they have paperwork you need to fill out while you're well. Having the right paperwork done early, even if you never need it, can make things easier later for whoever acts on your behalf.

You also may want to establish a **healthcare power of attorney**, also called an advance health care directive,

which allows someone you trust to make medical decisions for you if you become unable to do so.

A **will** helps you plan financially for your loved ones. This document contains your instructions and wishes as to how your property and assets are to be handled after you pass away. A will is especially useful if you're in a nontraditional, unmarried relationship, if you have a major asset (like a house) or you want to leave a large donation to a charity. As part of a will, you could also ask that someone be named the guardian for your child or children.

Another estate planning option is a **trust**. Talk to an estate planning attorney about which type of planning document makes sense for your situation.

Several nonprofit groups provide free legal services to low-income people with cancer. See page 64 for more information.





# Moving Forward

Getting practical tips on how to manage your finances, knowing what costs to expect and understanding how to find help can empower you to take control of your future. Living Beyond Breast Cancer is here to provide you with information and advice that allow you to manage the financial effects of cancer and move forward with your life.

Your financial concerns may change over time as you go through treatment, follow-up care and beyond. It is important for you to learn about your ongoing care once active treatment ends so you can plan ahead.

The healthcare system is constantly changing. LBBC will keep you informed of how these changes may affect you, through our educational programs, services and LBBC.ORG.

If you need someone to listen or you don't know where to turn, LBBC's Breast Cancer Helpline volunteers can provide support and guidance. Like you, many of our volunteers have navigated insurance and coped with the medical and "hidden" costs of breast cancer. We are always here to help connect you with trusted breast cancer information and a community of support.

# Resources

This list is not all-inclusive, and many other groups have resources that may help you.

*Information is current as of September 2016 but may change.*

## FINANCIAL SUPPORT, GENERAL

- Brenda Mehling Cancer Fund: [bmcfn.net](http://bmcfn.net)
- Cancer Financial Assistance Coalition: [cancerfac.org](http://cancerfac.org)
- Cancer Support Community: (202) 659-9709, [cancersupportcommunity.org](http://cancersupportcommunity.org)
- CancerCare: (800) 813-4673, [cancercares.org](http://cancercares.org)
- Living Beyond Breast Cancer's Cis B. Golder Quality of Life Grant: (855) 807-6386, [lbbc.org](http://lbbc.org)
- Patient Advocate Foundation: (800) 532-5274, [patientadvocate.org](http://patientadvocate.org)
- SIS: (585) 662-5812, [helpsis.org](http://helpsis.org)
- The SAMFund: (617) 938-3484, [thesamfund.org](http://thesamfund.org)

## MEDICAL EXPENSES, GENERAL

- HealthWell Foundation: (800) 675-8416, [healthwellfoundation.org](http://healthwellfoundation.org)
- Patient Access Network Foundation: (866) 316-7263, [panfoundation.org](http://panfoundation.org)
- Patient Services, Inc.: (800) 366-7741, [patientservicesinc.org/](http://patientservicesinc.org/)
- Medical Billing Advocates of America: (855) 203-7058, [billadvocates.com](http://billadvocates.com)

## CO-PAY AND PRESCRIPTION ASSISTANCE

- AZ&Me:  
[astrazeneca-us.com/help-affording-your-medicines](http://astrazeneca-us.com/help-affording-your-medicines)
- CancerCare Copayment Assistance Foundation:  
(866) 552-6729, [cancercarecopay.org](http://cancercarecopay.org)
- LifeLines of Care Patient Assistance Foundation:  
(800) 736-0003, [bmspaf.org](http://bmspaf.org)
- NeedyMeds: (800) 503-6897, [needymeds.org](http://needymeds.org)
- Novartis: (800) 282-7630, [oncologyaccessnow.com](http://oncologyaccessnow.com)
- Partnership for Prescription Assistance:  
(888) 477-2669, [pparx.org](http://pparx.org)
- Patient Advocate Foundation Co-Pay Relief:  
(866) 512-3861, [copays.org](http://copays.org)
- Pfizer Helpful Answers: (866) 706-2400,  
[pfizerhelpfulanswers.com](http://pfizerhelpfulanswers.com)
- InsureUSToday: (866) 207-8023, [copays.org](http://copays.org)

## INSURANCE RESOURCES

- Employee Benefits Security Administration of the U.S. Department of Labor: (866) 444-3272,  
[dol.gov/ebsa/contactEBSA/consumerassistance.html](http://dol.gov/ebsa/contactEBSA/consumerassistance.html)
- Foundation for Health Coverage Education:  
(800) 234-1317, [coverageforall.org](http://coverageforall.org)
- Healthcare.gov: Portal for healthcare marketplaces/  
exchanges made available through the ACA.

## MEDICARE ASSISTANCE

- State Health Insurance Assistance Programs (SHIP)/  
Health Insurance Counseling and Advocacy Programs:  
[medicare.gov/contacts/#resources/ships](http://medicare.gov/contacts/#resources/ships)  
*Find contact information for your local SHIP office:  
[medicare.gov/contacts](http://medicare.gov/contacts)*

## PRACTICAL NEEDS ASSISTANCE

- Air Charity Network: (877) 621-7177,  
[aircharitynetwork.org](http://aircharitynetwork.org)
- American Cancer Society: (800) 227-2345,  
[cancer.org](http://cancer.org)
- FamiliesCAN: (650) 529-1456, [familiescan.org](http://familiescan.org)
- Cleaning for a Reason Foundation: (877) 337-3348,  
[cleaningforareason.org](http://cleaningforareason.org)
- GiveForward: [giveforward.com](http://giveforward.com)
- National Patient Travel Center: (800) 296-1217,  
[patienttravel.org](http://patienttravel.org)
- U.S. Department of Agriculture: (202) 720-2791,  
[usda.gov](http://usda.gov)

## LEGAL SERVICES

- Cancer Legal Resource Center: (866) 843-2572,  
[cancerlegalresourcecenter.org](http://cancerlegalresourcecenter.org)
- Caring Connections: [caringinfo.org](http://caringinfo.org)

## FINANCIAL COUNSELING

- National Foundation for Credit Counseling:  
(800) 388-2227, [nfcc.org](http://nfcc.org)

## WORKPLACE RIGHTS

- Americans With Disabilities Act: (800) 514-0301,  
[ada.gov](http://ada.gov)
- Family Medical Leave Act: (866) 487-9243,  
[dol.gov/whd/fmla/](http://dol.gov/whd/fmla/)
- US Equal Employment Opportunity Commission:  
(800) 669-4000, [eeoc.gov](http://eeoc.gov)
- Employee Retirement Income Security Act: (866)  
487-2365, [dol.gov/general/topic/health-plans/erisa](http://dol.gov/general/topic/health-plans/erisa)

## Words to Know

**Assignment.** A process in which your medical provider bills Medicare directly for their portion of the cost of your care, and only requires you to pay your co-insurance or deductible.

**Co-insurance.** A percentage of the bill for a healthcare service that you must pay.

**Co-payments (or co-pays).** A flat amount you must pay for each medical service received, such as a test, prescription or doctor visit, which is made alongside your insurance provider's payment for the service.

**Cost-sharing subsidies.** Small grants that help with out-of-pocket expenses, such as co-insurance, co-pays or deductibles.

**Coverage gap.** A period during which you are responsible for paying a percentage of covered, brand-name medicines while on Medicare. Also called the "donut hole."

**Deductibles.** The dollar amount you must pay **out of pocket** for healthcare costs each year before your insurance plan begins covering expenses. Deductibles are usually paid yearly.

**Disability Insurance.** Insurance provided by an employer or purchased on your own. Pays a percentage of the income you normally earn if you must leave work due to disability.

**Financial power of attorney.** Legal permission for a trusted friend or family member to access your assets. This person can legally act on your behalf to make financial decisions and pay your bills if you become unable or are unwilling to do so.

**Grandfathered.** Under the Affordable Care Act, plans that existed before March 23, 2010, and have not changed their services or costs significantly.

**Group insurance policy.** Insurance coverage provided to two or more people, usually through a job, union or trade association.

**Guaranteed issue plan.** Health insurance plans that must allow you to become a member regardless of health, age or gender. These plans may not refuse enrollment for pre-existing conditions.

**Healthcare power of attorney.** A trusted friend or family member who is allowed to make medical decisions on your behalf if you become unable to do so.

**Individual insurance policy.** A plan purchased directly from the insurance company or through a company that sells insurance.

**In network.** When healthcare providers are on your insurance plan's list of approved providers and their services are covered by your plan.

**Intermittent FMLA.** Use of your unpaid Family and Medical Leave Act (FMLA) leave in separate chunks of time rather than at once.

**Maximum out-of-pocket limit.** The amount of money you have to pay for healthcare costs before your policy pays 100 percent of the allowed amount for the rest of the policy period (typically 1 year).

**Medicare Advantage.** Also called Medicare Part C. Medicare plans offered through private companies. They include hospital and medical insurance, and sometimes vision, dental and hearing.

**Medigap policy.** Policies sold by private companies to help you pay the portion of healthcare costs left after Medicare Part A and B cover their share.

**Open enrollment.** A period of time, usually once per year, when employers or insurance companies allow you to start, change or drop health insurance coverage and other benefits.

**Out of network.** Healthcare providers who are not on your insurance plan's list of approved providers. Your plan may not cover their services, or only cover them in part.

**Out-of-pocket expenses.** Expenses you must pay when a treatment or service is not covered by insurance or covered only in part. Includes deductibles, co-insurance and co-payments for covered services.

**Pre-authorization.** Approval from your health plan or insurer stating that your treatment is medically necessary. Depending on your plan, you may need pre-authorization before your insurance will pay their portion of your treatment costs. But while some treatments require pre-authorization, getting it does not guarantee coverage.

**Pre-existing condition.** A medical condition you had before joining a health insurance plan.

**Preferred providers.** In-network doctors, hospitals, clinics, etc. under your health insurance plan.

**Premium.** A monthly fee paid to your insurance company to keep your health insurance coverage active.

**Primary care provider.** A doctor you contact first for health concerns or services. Responsible for supervising your overall healthcare needs and serves as a “gatekeeper” coordinating and authorizing medical services. PCPs can refer you to other doctors for specialist care.

**Referral.** A recommendation from a doctor to consult with another type of doctor, usually a specialist.

**Reasonable accommodations.** Small changes that allow you to continue to work while in treatment for a medical condition or while you are dealing with the effects of treatment, supported by the Americans With Disabilities Act.

**SSDI.** Social Security Disability Insurance. A program that gives healthcare benefits to people who have worked for 5 of the last 10 years, paid social security taxes and are or will be unable to work for at least 12 months because of a serious illness or disability.

**Tax credits.** An amount of money that you will not be required to pay in your annual taxes

**Will.** A document that contains your instructions and wishes as to how your property and assets are to be distributed after you pass away. As part of a will, you could also ask that someone be named the guardian for your child or children.



*Many thanks to these individuals who volunteered their time and expertise for this guide:*

#### **AUTHORS**

**Anna Shaffer**

**Nicole Katze, MA**

#### **EDITORS**

**Michelle Bielko**

**Eric Fitzsimmons**

#### **LIVING BEYOND BREAST CANCER REVIEWERS**

**Amy B. Grillo**

**Janine E. Guglielmino, MA**

#### **LEAD REVIEWER**

**Stephanie Fajuri, Esq.**

Cancer Legal Resource Center, Los Angeles, California

#### **MEDICAL ADVISORY COMMITTEE REVIEWERS**

##### **Insurance**

**Peggy Mace**

Outlook Life, Fountain Hills, Arizona

##### **Oncology Nursing**

**Dianne L. Hyman, MSN, RN, OCN**

MD Anderson Cancer Center at Cooper University Hospital, Camden, New Jersey

##### **Social Work/Counseling**

**Carolyn Messner, DSW, MSW, LCSW-R, BCD**

CancerCare, New York, New York

#### **CONSUMER ADVISORY COMMITTEE REVIEWERS**

**Victoria Mowrer**, Lancaster, Pennsylvania

**Linda M. Nygaard**, Manzanita, Oregon

**Harriet L. Canfield**, Athens, Georgia

**Kimberly S. Brown**, Miami, Arizona

**Lori Stella**, Hoffman Estates, Illinois

#### **CREATIVE DEVELOPMENT**

**BECK Photography**

**Masters Group Design**

## More Resources

Visit [LBBC.ORG](http://LBBC.ORG) or call (855) 807-6386 to order our other *Understanding* publications:

- Guide for the Newly Diagnosed**
  - Clinical Trials
  - Complementary Therapies
  - Fear of Recurrence
  - Financial Concerns
  - Genetics and Family Risk
  - HER2-Positive Breast Cancer
  - Hormonal Therapy
  - Intimacy and Sexuality
  - Lymphedema
  - Treatment Decisions
  - Triple-Negative Breast Cancer
  - Yoga & Breast Cancer
  - Your Emotions
- 

Guides in our *Metastatic Breast Cancer Series*:

- Guide for the Newly Diagnosed**
  - Managing Stress and Anxiety
  - Treatment Options for Today and Tomorrow
  - Understanding Palliative Care
  - Understanding Symptoms and Treatment Side Effects
- 

Guides in our *Breast Cancer InFocus Series*:

- Breast Cancer During Pregnancy
- Breast Cancer in Men
- Getting the Care You Need as a Lesbian, Gay or Bisexual Person



With you, for you.

This brochure is designed for educational and informational purposes only, as a reference to individuals affected by breast cancer. The information provided is general in nature. For answers to specific healthcare questions or concerns, consult your healthcare provider, as treatment for different people varies with individual circumstances. The content is not intended in any way to substitute for professional counseling or medical advice.

© 2010, 2014, 2016 Living Beyond Breast Cancer, 3rd Edition







**LIVING BEYOND  
BREAST CANCER®**

With you, for you.

(855) 807-6386 • [LBBC.ORG](https://www.LBBC.ORG)