UNDERSTANDING YOUR INSURANCE COVERAGE

Understand ahead of time which treatments and medical services your insurance covers and whether you are still responsible for any out-of-pocket expenses. A good first step is to contact your insurance company using the telephone number found on the back of your insurance card.

IMPORTANT TERMS TO KNOW

A deductible is the amount of money you are expected to pay out-of-pocket towards your health care on a yearly basis before your healthcare insurer pays. For example: if your deductible is $3,000, you are responsible for paying the first $3,000 of medical expenses at the start of each year. After that, your insurance begins to cover costs.

A co-payment is the amount of money you are expected to pay out-of-pocket each time you receive a particular type of health care service. For example: if your plan requires a $50 co-payment for chemotherapy, you will need to pay this amount each time you receive the treatment, even if you have already paid your yearly deductible.

Any health care provider who is “in network” has already contracted with your insurance company to accept specific (and often discounted) rates for their services. This can mean that your out-of-pocket expenses may be lower when you work with these providers.

HERE ARE SOME IMPORTANT QUESTIONS TO CONSIDER AND ASK:

• How much is your deductible?
• What medical procedures and expenses does your insurance plan cover?
• Do any of your medical procedures require a co-payment?
• Can you appeal decisions your insurance provider makes about which medical procedures and expenses they cover?
• Does your insurance plan cover a second opinion?
• Do you need a referral to see a specialist or another doctor besides your primary care doctor?
• How can you find a specialist in network?
• Does your plan cover costs related to travel and lodging?
• What fertility preservation options are available within your plan?
• Does your plan cover the costs of a clinical trial?
INSURANCE AND COMPLEMENTARY TREATMENT

Complementary treatment refers to a wide range of health care practices and products that, while not considered part of conventional medicine, may be used together with conventional medicine to enhance well-being and lower stress and worry. Examples include meditation, medical massage or the use of plant-based fragrance oils (aromatherapy). It’s important to check with your insurance company to learn what your plan covers.

ASK QUESTIONS ABOUT THE COST OF MEDICATION

Understand your out-of-pocket medication expenses. Consider asking your health care team the following questions:

- Will your medication require a co-payment?
- Is there a less expensive option for your medication?
- Will your prescription cost be an ongoing or a one-time expense?

KNOW YOUR ENTITLEMENTS AND WORK BENEFITS

There are a number of federal and state programs that provide financial benefits to individuals and families, such as Social Security, Medicare and Medicaid. A social worker can direct you to the governmental agencies that oversee these programs. Read CancerCare’s fact sheet “Cancer and the Workplace” to learn how the Americans with Disabilities Act and the Family and Medical Leave Act can help.

CancerCare® Can Help

Founded in 1944, CancerCare is the leading national organization providing free support services and information to help people manage the emotional, practical and financial challenges of cancer. Our comprehensive services include case management, counseling and support groups over the phone, online and in-person, educational workshops, publications and financial and co-payment assistance. All CancerCare services are provided by master’s-prepared oncology social workers and world-leading cancer experts.

To learn more, visit www.cancercare.org or call 800-813-HOPE (4673).

Facebook: facebook.com/CancerCare | Instagram: @CancerCareUS | Twitter: @CancerCare

Edited by Caroline Edlund, LCSW-R

This fact sheet is supported by Alliance Rx Walgreens Prime, Bristol Myers Squibb and a grant from Genentech.