



Insurance Essentials for Individuals with Cancer

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What is Health Insurance?

Financial protection against medical expenses if you have an accident or major illness.

Insurance is a contract between you (the insured) and the insurance company.

Typically, the provider of the service submits a claim to the insurance company (the payer) for the services provided.

With some plans or services, you will pay out of pocket for the visit/procedure, submit supporting documentation to the insurance company for the claim and then be reimbursed for the expense.

Why Have Health Insurance?

Accidents and illness happen all the time.

Medical debt is the number one cause of personal bankruptcy.

Insurance helps us have access to networks of doctors and hospitals as a group negotiate lower costs with insurance companies.

Health insurance acts to safeguard our quality of life, and physical and financial well-being.

Private (Individual) Plans


Employer/Union Provided
Plans

Types of Health
Insurance

Government Provided
Plans

VA, Tricare, Medicare, Medicaid

ACA (Healthcare
Marketplace) Plans



Learning to Speak the Language Of Health Insurance: What Every Consumer Must Know About Their Plan(s)

Key Terms

- **Co-pay**- a fixed dollar amount you pay when you go for an appointment/procedure in addition to what the insurance company pays for the service. For example \$20 for an office visit with primary care provider.
- **Co-insurance**- the cost sharing amount you pay as part of your coverage. For example if your plan covers at 80/20% your coinsurance is 20%.
- **MOOP**- the maximum out of pocket you pay during a benefit period; also called a stop-loss.



Premium-the monthly amount you pay for your insurance plan(s).

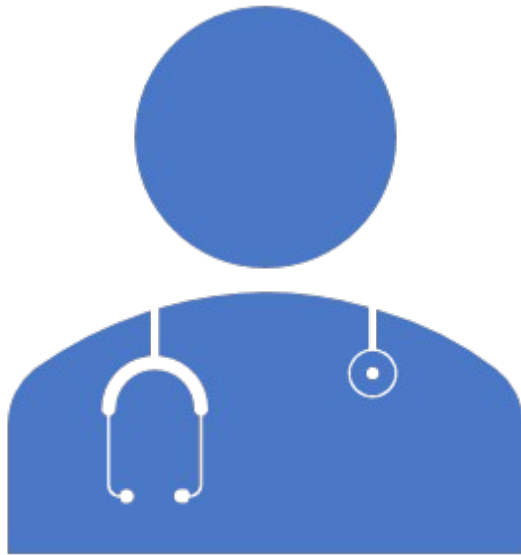
Deductible-the amount of money you pay before your insurance starts to cover healthcare costs.

Cost Sharing -The contribution you pay towards your health care costs out of your own pocket; typically includes deductibles, coinsurance, and copayments, or similar charges. Does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

Key Terms

Key Terms

- **Prior authorization-** Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.
- **Preauthorization/precertification/prior approval-** A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.



Key Terms

- **Benefit year**-A year of benefits coverage under an individual health insurance plan; can be based on calendar year (as with Medicare/ACA plans), fiscal year, or employment date.
- **Benefit period**- For Medicare ONLY. A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't gotten any inpatient hospital care or SNF care) for 60 days in a row. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Key Terms

- **Denial-** a refusal by an insurance company to honor a request by an individual (or his or her provider) to pay for health care services obtained/ordered/requested by a healthcare professional.
- **Appeal-** A request to the health insurer or plan to review a decision or a grievance again; can have multiple levels and be consumer and/or provider driven.
- **Formulary-** A list of prescription drugs covered by a prescription drug plan; can include tiers and step therapies.
- **Network-** The facilities, providers and suppliers your health insurer has contracted with to provide health care services.

What is Open Enrollment?

The period each year when you can make changes to your health insurance benefits.

Key Dates for 2020 Enrollment:

- Employer sponsored plans/private plans: plan dependent
- Medicare: October 15th- December 7th
- ACA: November 1st- December 15th*



What to Consider During Open Enrollment

What gaps do I have in my current coverage?

Will making a change help to fill those gaps?

Will it create new gaps?

What is covered?

What isn't covered?

How much does it cost?

What health care providers can I see?

Where can I use my plan?

How can I maximize my coverage and minimize my out of pocket?

Am I risk averse or risk tolerant?



If you have employer sponsored coverage, certain life events (marriage, divorce, birth of a child) may make you eligible to make changes outside of open enrollment. This is employer specific.



You may be able to make changes if your current Medigap or Part D plan stops offering coverage in your area.



You cannot join a Medicare advantage plan outside of open enrollment.



You may be able to buy a supplemental plan or part D plan outside of open enrollment, but costs may be higher.



You may still be able to purchase an ACA plan if you experience a “qualifying life event”, a change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage.

What if I Miss Open Enrollment?

Medicare

Breaking Down the Parts of Medicare

Part A

Part B

Part C

Part D

Supplemental/Gap Plans

Medicare Part A

Inpatient Hospital Care

Skilled Nursing Facility (SNF) care

Hospice Care

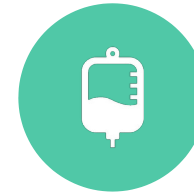
Home Health Care



Most outpatient services



Preventive services



Some chemotherapy medications



Mental health services



Ambulance services



Medical equipment (DME)

Medicare Part B

Medicare Part C

Medicare Advantage Plans



A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits.



You still pay your monthly part B premium; you may have an additional plan premium.



Usually requires you to choose a primary care provider (gatekeeper) and get referrals for specialist care.



You may have capitated providers for labs and radiology.



Co-pays for specialist care can be higher.



Coverage for all outpatient services is 80/20 until you reach annual maximum out of pocket. You cannot purchase a supplemental plan to cover this gap.

Bach/Insurance Essentials 2020



Medicare Part D- Prescription Drug Coverage

- Deductible
- Initial Coverage Period
- Donut Hole
- Catastrophic Coverage

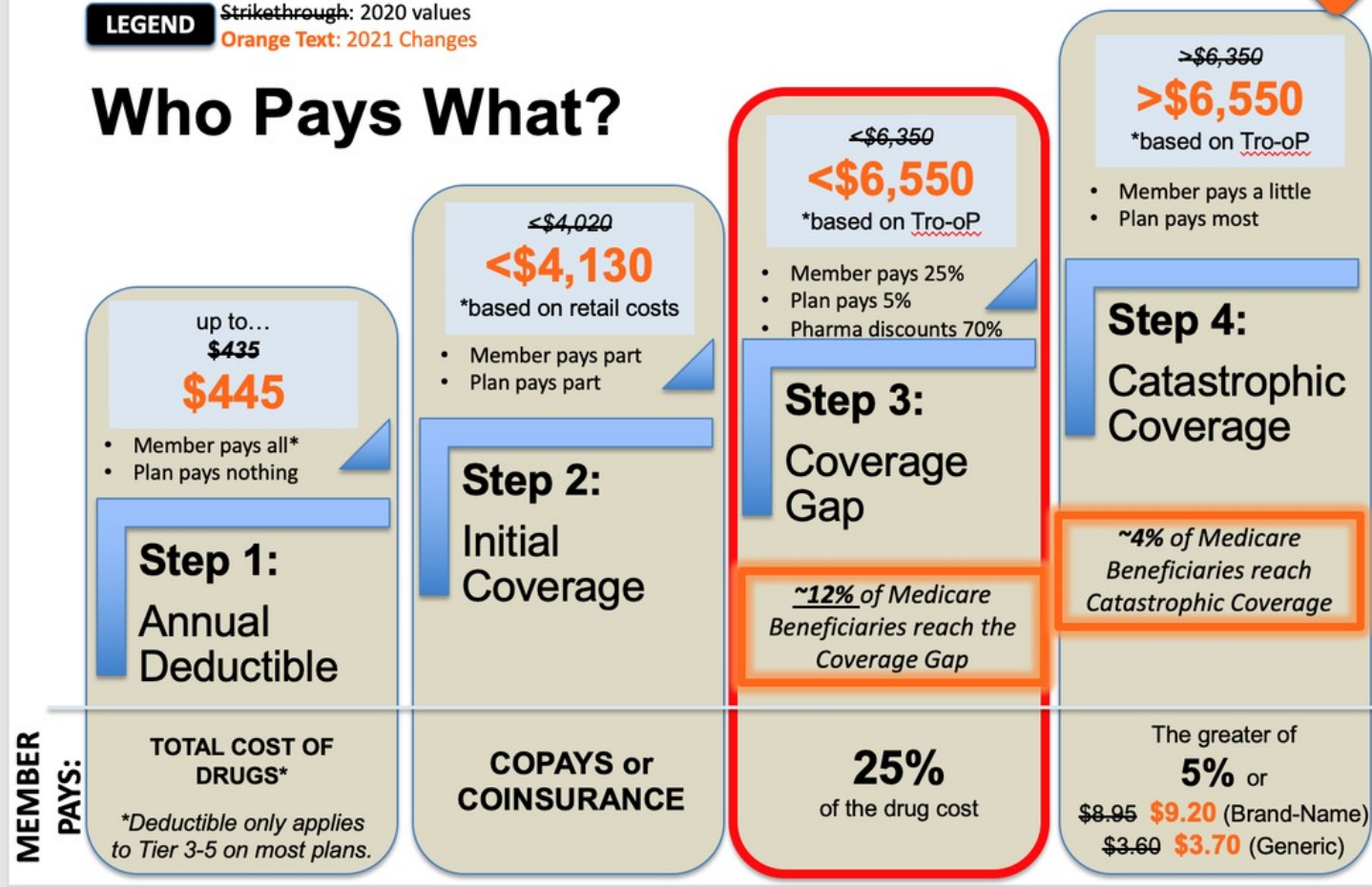
Medicare Part D: Prescription Coverage

2021

LEGEND

Strikethrough: 2020 values
Orange Text: 2021 Changes

Who Pays What?





Learning More About Your Drug Costs with [Medicare.gov](https://www.medicare.gov)

medicare.gov

The Official U.S. Government Site for Medicare

Home

Sign Up / Change Plans | Your Medicare Costs | What Medicare Covers | **Drug Coverage (Part D)** | Supplements & Other Insurance | Claims & Appeals | Manage Your Health | Forms, Help, & Resources

Home → Drug coverage (Part D) → Costs for Medicare drug coverage

Share

Costs for Medicare drug coverage

You'll make these payments throughout the year in a Medicare drug plan:

- Premium
- Yearly deductible
- Copayments or coinsurance
- Costs in the coverage gap
- Costs if you get Extra Help
- Costs if you pay a late enrollment penalty

Your actual drug coverage costs will vary depending on:

- Your prescriptions and whether they're on your plan's list of covered drugs (formulary).
- What "tier" the drug is in.
- Which drug benefit phase you're in (like whether you've met your deductible, or if you're in the catastrophic coverage phase).
- Which pharmacy you use (whether it offers preferred or standard cost sharing, is out of network , or is mail order). Your out-of-pocket drug costs may be less at a preferred pharmacy because it has agreed with your plan to charge less.
- Whether you get Extra Help paying your drug coverage costs.

Look for specific Medicare drug plan costs, and then call the plans you're interested in to get more details.

Note

Starting January 1, 2021, if you take **insulin**, you may be able to get Medicare drug coverage that offers **savings on your insulin**. You could pay no more than \$35 for a 30-day supply. [Find a plan](#) that offers this savings on insulin in your state. You can join during Open Enrollment (October 15 – December 7, 2020).

How to get prescription drug coverage

What Medicare Part D drug plans cover

Costs for Medicare drug coverage

Monthly premium for drug plans

Yearly deductible for drug plans

Copayment/coinsurance in drug plans

Costs in the coverage gap

Catastrophic coverage

Part D late enrollment penalty

How Part D works with other insurance

Related Resources

- ♦ 6 ways to get help with prescription costs
- ♦ Get help paying costs
- ♦ Help with prescription drugs costs (Spanish)

Find someone to talk to

Select your state...

Go

Is my test, item, or service covered?

type your test, item, or service

Go

Find a 2021 Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.
See your 2021 plan options now by logging in or creating an account.

[Log in or Create Account](#)

[Continue without logging in](#)

New to Medicare?

Learn about your options & enroll in a plan.

[Learn more about options](#)

Qualify for a Special Enrollment Period?

Log in or create account to change your 2020 coverage.

[Log in or Create Account](#)

[Continue without logging in](#)

[Looking for Medigap policies?](#)

medicare.gov

You're viewing 2021 plans. [Show me 2020 plans.](#)

Medicare.gov

Log in

Español

Answer a few quick questions

What type of 2021 coverage are you looking for?

We'll show you 2021 plans. If you want a plan that starts before January 1, [view 2020 plans.](#)

☐ Medicare Advantage Plan

☒ Drug plan (Part D)

☐ Drug plan (Part D) + Medigap policy

☐ Medigap policy only

☐ I want to learn more about Medicare options before I see plans

Feedback

Bach/Insurance Essentials 2020

What type of 2021 coverage are you looking for?

We'll show you 2021 plans. If you want a plan that starts before January 1, [view 2020 plans](#).

- ☐ Medicare Advantage Plan
- ☒ Drug plan (Part D)

Adds drug coverage to Original Medicare.

- ☐ Drug plan (Part D) + Medigap policy
- ☐ Medigap policy only
- ☐ I want to learn more about Medicare options before I see plans

ENTER YOUR ZIP CODE

19139

Continue

ENTER YOUR ZIP CODE

19139

Continue

Select your county

☒ 19139, Philadelphia, PA

Do you get help with your costs from one of these programs?

- ☐ Medicaid
- ☐ Supplemental Security Income
- ☐ Medicare Savings Program
- ☐ Extra Help from Social Security
- ☐ I'm not sure
- ☐ I don't get help from any of these programs

Feedback

Tell us your search preferences

Do you want to see your drug costs when you compare plans?

☒ Yes

Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

☐ No

How do you normally fill your prescriptions?

☐ Retail pharmacy

☐ Mail order pharmacy

☒ Both

You'll need to tell us the pharmacies you use most to get accurate drug costs.

Feedback



You're viewing 2021 plans. [Show me 2020 plans.](#)

Medicare.gov

Log in

[Back to drug list](#)

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Revlimid

[Clear search](#)

Add Drug

[Browse drugs A-Z](#)

[Can't find your drug?](#)

Done Adding Drugs

[← Back to drug selection](#)

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE

NAME OF PHARMACY (OPTIONAL)

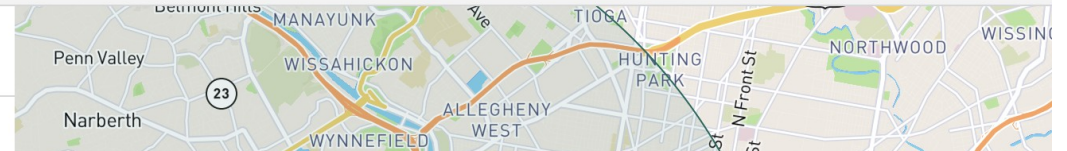
19139

Find Pharmacy

Filter by:

Distance: 5 miles ▾

Showing 1-10 of 14 pharmacies for Penn near 19139



Mail Order Pharmacy



Done

Clear Spring Health Premier Rx (PDP)

Clear Spring Health | Plan ID: S6946-032-0

Star rating: Plan too new to be measured

MONTHLY PREMIUM

\$13.60 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$15,525.23 Retail pharmacy: Estimated total drug + premium cost

\$16,052.51 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$445.00 Drug deductible

PHARMACIES

1 of 1 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

HOSPITAL UNIVERSITY OF PENNSYLVANIA OUTPATIENT PHARMACY - Drug costs during coverage phases

✓ Standard in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Revlimid 25mg capsule	\$21,851.65	\$21,851.65	\$5,462.91	\$5,462.91	\$1,092.58
Monthly totals	\$21,851.65	\$21,851.65	\$5,462.91	\$5,462.91	\$1,092.58

Estimated total drug + premium cost

You will pay **\$15,525.23** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in January
- You'll enter the **coverage gap** in January
- You'll exit the **coverage gap** in January

Estimated monthly drug costs

This doesn't include your monthly plan premium of \$13.60.

View the costs of your drugs every month ^

Time period	Estimated monthly drug costs
January	\$3,343.65
February	\$1,092.58
March	\$1,092.58
April	\$1,092.58
May	\$1,092.58
June	\$1,092.58
July	\$1,092.58
August	\$1,092.58
September	\$1,092.58
October	\$1,092.58
November	\$1,092.58
December	\$1,092.58



Where Can I Get Help With My Medication Costs?

Assistance Programs

- Extra Help (Medicare)
- Low Income Subsidy (Medicare)
- Dual Enrollment (Medicare & Medicaid)
- State Pharm Assistance
 - PA-Pace and PaceNet
 - NJ-PAAD
 - DE-DPAP





Co-Pay Assistance

- Co-pay assistance is financial assistance for co-pays for patients WITH insurance - but who are considered underinsured.
- Underinsured means that you have out of pocket costs that are not covered by the medical insurance plan which impact financial well-being and access to care.
- Managed/administered by private foundations.

Co-Pay Programs for MM

- LLS-currently open
- Healthwell Foundation-currently open
- Patient Advocate Foundation-currently open
- PAN Foundation- **closed**
- Good Days-**closed**
- Cancer Care- **closed**



About Co-Pay Assistance

- Each foundation has different rules for eligibility
 - Income.
 - Diagnostic.
- Each foundation determines the amount of assistance available for each disease type.
- Foundation programs open/close frequently.
- Check with each foundation about what is covered.
 - Premiums?
 - Deductibles?
 - Co-pays—is my treatment covered?

Co-Pay Cards

NOT for Medicare Recipients

Individuals with
government
provided insurance
are NOT ELIGIBLE.



Supplied by the
pharmaceutical
company.

Other Plans



Employer/Union Provided Plans



Tied to employment.



Employer and employee typically share the cost of premiums.



Plans are dependent on the contracts negotiated between the employer and the insurer.



Trends: higher premiums, higher cost sharing, and high deductible plans.



READ THE FINE PRINT.

Medigap (Supplemental Plans)

- A Medicare Supplement Insurance (Medigap) policy helps pay some of the health care costs that Medicare A and B doesn't cover.
- Sold by private companies.
- Can charge more for individuals with pre-existing conditions, especially if purchased outside of your initial enrollment period or annual open enrollment).

Medicare Supplement Insurance (Medigap) plans										
Benefits	A	B	C*	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%**
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2017			
							\$5,120	\$2,560		

- Plans C and F are no longer available for new enrollees.
- Medicare Part B Deductible \$183 per year



When can I buy a Medigap Plan?

- Initial Open Enrollment Period
 - Begins the month you turn 65 AND elect Part B.
 - Continues for 6 months.
 - Best time to buy—cannot use medical underwriting or charge higher premiums due to pre-existing condition.
- Annual Open Enrollment
 - October 15th -Dec 7th
- Outside of Enrollment Periods

What if I'm not 65 when I become eligible for Medicare?

- Federal law does not require insurance companies to sell Medigap to individuals under the age of 65.
- Some states DO require these companies to offer coverage to those under 65 BUT, it may cost more.
 - They CAN adjust premiums based on your age.

What if I have coverage through work or union?

Work/Union coverage is primary.

If you elect part A, it is the secondary insurer.

You may want to wait to elect part B

If you do opt into plan B in concert with your commercial plan AND your part A --

Your open enrollment period starts when you opt in to Part B.

This could result in higher premiums for our gap plan plan.



Platinum



Gold



Silver



Bronze

Monthly Cost

\$\$\$\$

\$\$\$

\$\$

\$

Cost When You
Get Care

\$

\$\$

\$\$\$

\$\$\$\$

Good Option
If You...

plan to use a lot
of health care
services

want to save
on monthly
premiums while
keeping your
out-of-pocket
costs low

need to balance
your monthly
premium with
your out-of-
pocket costs

don't plan to
need a lot of
health care
services

ACA Plans

Out of Pocket Costs

Networks of participating doctors and hospitals

- Includes where the individual may be capitated for labs, imaging and other procedures.

Prescription drug coverage

- Which drugs are covered?
- What tier is the drug?
- Higher cost for specialty/high dollar medications.
- Some plans include a SEPARATE deductible for pharmaceutical costs.

How Are The Plans Different?

ACA Plans- Who Can Buy One?



Must live in United States.



US Citizen or lawfully present.



Not incarcerated.



Individual or family.



Employee of small business with less than 50 FTE's.



Premium tax credits and cost sharing available to those who meet financial qualifications.

The 2020 Supreme Court Case: Potential Outcomes

1

Court rules in favor of defendants and finds ACA constitutional-leaving the law untouched.

2

Court is deadlocked at 4-4 returns case to court of appeals; law remains in place at federal level.

3

Court rules in favor of plaintiffs and finds mandate unconstitutional; some provisions of the ACA would need to be removed.

4

Court rules in favor of plaintiffs and rules the entire ACA is unconstitutional; invalidating the law completely.

What's at Stake

- Protections for pre-existing conditions.
- Bans on life-time and annual caps.
- Coverage of essential health benefits.
- Availability of continued coverage under parental plans for children up to the age of 26.
- Medicaid expansion.
- Individual mandate.
- Medicare Part D "closing of donut hole."

What does it mean for 2021?

- The ACA is STILL the law of the land.
- Open enrollment for 2021 will has started.
- Plans will be sold through healthcare exchanges for 2021.
- What is unclear-is what happens if the law is struck down.
 - There is no “off” switch.
 - It will take time to unravel.
 - Election results will also impact future health laws and policy.

Prepping for Open Enrollment



**KNOW YOUR
PLAN.**



**Use the Cancer Insurance
Checklist.**



ASK FOR HELP.

What About Medical Fundraising?



- It can be a huge help, but...
- Pros/cons of crowdsourced fundraising
- Other “local” efforts to raise \$\$\$
- Potential for tax and public benefits liabilities

Who Can Help Me Navigate My Health Insurance?



Financial
Navigators/Advocates



Social Workers



[State Health Insurance
Assistance Programs \(S
HIPS\) Counselors](#)



[ACA Navigation Assista
nce](#)



Private brokers (buyer
beware!)

Resources

[OncoLink.org](https://oncolink.org)

Medicare.gov

Healthcare.gov

Medicaid.gov

Medicareinteractive.org

Medicare and Blue: www.fepblue.org

[Triage Cancer](#)

Thank You!

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or

Cancer Support Community Helpline

888-793-9355

cbach@cancersupportcommunity.org

