

Checklist to Avoid Financial Toxicity



Considering the following questions can help to reduce the potential short and long-term financial burdens of a cancer diagnosis and treatment.

Triage Cancer has free resources to help you understand and answer these questions at [TriageCancer.org/Resources](https://www.TriageCancer.org/Resources).

EMPLOYMENT & DISABILITY INSURANCE

QUESTIONS

- How many employees does your employer have?
- What state do you live in?
- What are your goals regarding work?
- Do you want or need to work through treatment?
- Would reasonable accommodations help you manage side effects at work?
- Are you eligible for reasonable accommodations?
- Do you want or need to take time off?
- What are your employer's policies for taking time off?
- Does your employer have other policies that could be helpful (e.g., co-workers donating their time off).
- Are you eligible for FMLA leave?
- Are you eligible for family and medical leave under a state law?
- Do you have access to private, state, or federal disability insurance options?
- Will your employer hold your job for you while you receive disability benefits?

RESOURCES

• Quick Guides

- Americans with Disabilities Act
- Reasonable Accommodations
- Disclosure, Privacy, & Medical Certification Forms
- Assistive Technologies
- Chemo Brain
- Returning to Work
- Leaving Work
- FMLA & FMLA Extended
- How the FMLA Works with Other Benefits
- Disability Insurance
- Long-Term Disability Insurance
- State Disability Insurance
- State Paid Family Leave Programs
- Supplemental Security Income
- Navigating SSDI & SSI
- Timing of SSDI & Medicare Benefits

• Checklists

- Reasonable Accommodations
- Employee Benefits During Job Search
- Employee Benefits During Open Enrollment

• Animated Videos

- Dealing with Side Effects at Work
- Taking Time Off & Paying For It
- Privacy Choices After a Cancer Diagnosis

• Webinars

- Employment Rights After a Cancer Diagnosis
- Managing Side Effects at Work & School
- Disability Insurance
- Disclosure After A Cancer Diagnosis

• [CancerFinances.org](https://www.CancerFinances.org)

• [TriageCancer.org/Resources](https://www.TriageCancer.org/Resources)

• [TriageCancer.org/StateLaws](https://www.TriageCancer.org/StateLaws)

INSURANCE COVERAGE

QUESTIONS: IN-NETWORK EXPENSES

- Do you want a second opinion?
- What is your monthly premium?
- What is your out-of-pocket maximum for in-network medical expenses?
- What is your deductible?
- What is your cost-share/co-insurance amount?
- What are your co-pays for specific types of care (e.g., office visit, specialist, ER, etc.)?
- Do you have a separate deductible or out-of-pocket maximum for prescription drugs?
- Are your providers in-network?
- Is your pharmacy in-network?
- Does your plan have tiers of providers?
- What is the appeals process for your plan?

QUESTIONS: OUT-OF-NETWORK EXPENSES

- Do you want a second opinion?
- Does your insurance policy cover out-of-network medical expenses?
- If yes, at what percentage?
- Does out-of-network care apply to your out-of-pocket maximum?
- Is there a separate out-of-pocket maximum for out-of-network care?
- Do you have an opportunity to change your health insurance coverage so that these expenses are no longer out-of-network (e.g., move to a spouse's plan, another plan offered by your employer, or a new marketplace plan during open enrollment)?

RESOURCES

• **Quick Guides**

- Health Insurance Basics
- Health Insurance Options
- Health Insurance Marketplaces
- Losing Employer-Sponsored Health Insurance
- COBRA
- Military Insurance
- Medicare & Medicare Extended
- Medicare Part D
- Medicare Enrollment Periods
- Medigap Plans
- Medicare Savings Programs
- Health Care Rights of Immigrants
- Access to Medical Records
- Appeals for Employer-Sponsored & Individual Health Insurance
- Navigating Health Insurance When Moving

• **Worksheets**

- Health Insurance Plan Comparison
- Medicare Plan Comparison
- Health Insurance Appeals Tracking Form

• **Animated Videos:**

- Health Insurance Basics
- Picking a Health Insurance Plan
- Options When Losing Insurance at Work
- When an Insurance Company Says No
- When to Enroll in Medicare
- How to Pick a Medicare Plan
- Understanding Medicare Part D
- How to Pay for Medicare

• **Webinars:**

- Understanding Your Health Insurance
- Medicare
- When Health Insurance Says No: Understanding Appeals

• **CancerFinances.org**

- [TriageCancer.org/HealthInsurance](https://www.triagecancer.org/HealthInsurance)
- [TriageCancer.org/Navigating-Cancer-Health-Care](https://www.triagecancer.org/Navigating-Cancer-Health-Care)
- [TriageCancer.org/StateResources](https://www.triagecancer.org/StateResources)
- [TriageCancer.org/StateLaws](https://www.triagecancer.org/StateLaws)

TREATMENT-RELATED

QUESTIONS

- Do you want a second opinion?
- Does your insurance company's network have another provider in-network to provide the second opinion?
- Does your insurance cover a second opinion in-network or out-of-network?
- Have you talked to your health care team about whether a clinical trial is available to you?
- Does your insurance cover a clinical trial?
- Do you travel for treatment (e.g., parking, tolls, mileage, lodging, air or ground transportation)?
- Do you need durable medical equipment (e.g., crutches, wheelchairs, prostheses, etc.)?
- Do you need items to address the comfort and cosmetic side effects (e.g., wigs, hats, skin care, etc.)?
- What do complementary therapies cost (e.g., massage, acupuncture, etc.)?
- Do you need psychosocial support (e.g., counseling, support groups, help with stress management, etc.)?
- Does your insurance cover any of these expenses?
- Do you have a supplemental health insurance plan that covers medical and/or other expenses?
- Do you have access to financial assistance?

RESOURCES

- **Quick Guides**
 - Health Insurance Basics
 - Insurance Coverage for Items to Manage Side Effects & Reconstruction
 - Access to Medical Records
 - Appeals for Employer-Sponsored & Individual Health Insurance
 - Stress Management
 - Clinical Trials
 - Genetic Discrimination
 - Medical Marijuana
 - Crowdfunding
- **Worksheets**
 - Health Insurance Appeals Tracking Form
- **Animated Videos:**
 - How to Find & Pay for Clinical Trials
 - Cancer Survivorship Care Plans
- **Webinars:**
 - Cancer Survivorship Care Plans & Late Effects
 - Don't Stress the Stress
 - Emotional Overload: The Impact of a Cancer Diagnosis & Strategies for Self-Care
 - Coping with Cancer
 - Restorative Yoga for Stress Relief
 - Understanding Cancer-Related Fatigue
 - Explaining Neuropathy
 - Understanding & Managing Pain
 - Genetics & Genomics
 - Clinical Trials 101
 - Complementary & Alternative Medicine
 - Cancer, Intimacy & Sexuality
- **CancerFinances.org**
- **TriageCancer.org/Clinical-Trials**
- **TriageCancer.org/MedicalCare**
- **TriageCancer.org/PsychosocialCare**
- **TriageCancer.org/StressManagement**
- **TriageCancer.org/StateResources**
- **TriageCancer.org/StateLaws**

PRACTICAL & PERSONAL

QUESTIONS

- Are you in school, planning to apply, or have student loans?
- Are you caring for minor children?
- Are you caring for aging parents or other family members?
- Do you want children in the future?
- Do you have access to safe and secure housing?
- Do you need any changes made to your home as a result of treatment?
- Do you need help paying for housing?
- Do you need help taking care of your home (e.g., cleaning, gardening, repairs, snow removal, etc.)?
- Do you need help with meal preparation or other errands (e.g., grocery shopping, laundry, etc.)?
- Do you have a support system who could help you (e.g., family, friends, neighbors, co-workers, etc.)?
- Do your caregivers have access to paid or unpaid family leave through their employer or a federal or state law?
- Do you need to create or update estate planning documents (e.g., will, advance directive, etc.)?
- Do you have up-to-date documents that share your wishes and/or name an agent to make health care and financial decisions for you, if you are unable (e.g., financial power of attorney, advance health care directive, etc.)

RESOURCES

- **Quick Guides**
 - Education Rights
 - Caregiving
 - Accessing Resources in the Hospital
 - Fertility Preservation
 - Housing Accommodations & Modifications
 - Estate Planning
 - Advance Health Care Directives
 - Planning Ahead for Minor Children
 - Life Insurance
 - Managing Medical Bills
 - Managing Debt
 - Crowdfunding
 - Bankruptcy
 - Legal Assistance
- **Checklists**
 - Getting Organized
 - Finding Financial Help
- **Worksheets**
 - Financial Big Picture Spreadsheet
- **Animated Videos**
 - Supporting Caregivers
 - Cancer Survivorship Care Plans
 - Managing Medical Bills
 - Planning Ahead Series:
 - Documenting Your Wishes
 - Financial & Medical Decision Making
 - Practical Matters
- **Webinars**
 - Protecting Your Wallet After Cancer
 - Adulting 101
 - Estate Planning
 - Navigating Housing
 - Healthy Organizing
 - Fertility Preservation
 - Creating a Family After Cancer
 - Caring for Caregivers
 - Building a Stronger Relationship with Your Partner
 - Fostering Resiliency in Families Facing Cancer
- **CancerFinances.org**
- **TriageCancer.org/Resources**
- **TriageCancer.org/StateLaws**



Quick Guide to Disability Insurance

If you have been diagnosed with cancer and are undergoing treatment, you may find that you are no longer able to work and earn a living the same way that you were before your diagnosis. Disability insurance may provide you with some income if you are unable to work because of your medical condition. Disability insurance benefits are offered by the federal government, some state governments, or through a private insurance company.

Federal Disability Insurance

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) are both federal programs that provide financial assistance to people with disabilities, and are both administered by the Social Security Administration (SSA). To qualify for disability benefits from the SSA, you must have a disability within the SSA's definition of disability:

- You cannot do your job; **and** you cannot adjust to a new job; **and** your disability has, or is expected to, last for at least one year or to result in death.

SSA will use this process to see if you qualify for disability benefits:

1. Are you working, and your earnings average more than \$1,350 a month (in 2022)?

If yes, you will not be deemed disabled for SSDI. If no, proceed to step 2.

2. Is your medical condition "severe"?

If yes, proceed to step 3. If no, you will not be deemed disabled.

3. Is your medical condition found in the list of disabling conditions/impairments?

If yes, then you are deemed disabled. If no, then the SSA will look at the severity of the condition. If the SSA deems the condition severe enough, you are deemed disabled. If the SSA does not deem the condition severe enough, proceed to step 4.

4. Can you do the work you did previously?

If yes, you will not be deemed disabled. If no, proceed to step 5.

5. Can you do any other type of work?

If yes, you will not be deemed disabled. If no, you will be deemed disabled.

Social Security Disability Insurance (SSDI)

You may qualify for SSDI benefits if you are "insured," meaning that you have worked long enough and have paid Social Security taxes to earn work credits. SSDI work credits are based on your total yearly wages or self-employment income. In 2022, you will earn one credit for each \$1,510 of wages or self-employment income. When you've earned \$6,040, you have earned your four credits for the year. Generally, the year that you became "disabled" will determine the amount of work credits you will need. You can register for a "My SSA" account online to track your credits at www.ssa.gov/myaccount.

The maximum monthly benefit from SSDI, for someone who is not blind, is \$3,345 per month in 2022. You will automatically receive health insurance through Medicare after you have received SSDI benefits for 2 years through the SSA. For more information about Medicare see our Quick Guide to Medicare:

TriageCancer.org/QuickGuide-MedicareExtended.

For more information on SSDI, visit www.ssa.gov/pubs/EN-05-10029.pdf.

Supplemental Security Income (SSI)

You may qualify for SSI benefits if: you have a low income level (income limit can vary); **and** are aged 65+; **or** blind; **or** “disabled.” The 2022 federal amount for most individuals receiving SSI is \$841 per month. Most states provide a supplemental payment in addition to that amount.

You will receive payments beginning the first full month after becoming disabled. Additionally, some states provide Medicaid eligibility to people eligible for SSI benefits. There are instances where you can receive both SSDI and SSI benefits at the same time. For more information on SSI, visit www.ssa.gov/pubs/EN-05-11000.pdf.

SSA Compassionate Allowances

The SSA Compassionate Allowances program was started to provide benefits quickly to applicants whose medical conditions are so serious that their conditions should meet the SSA disability standards. Compassionate Allowances is not a separate program from SSDI or SSI. Approximately 60 cancers diagnoses fall under the Compassionate Allowances program. For more information about Compassionate Allowances, visit www.ssa.gov/compassionateallowances.

What happens if your SSDI or SSI application is denied?

Many applications are initially denied. You must appeal in writing within 60 days of receiving the denial letter, and the SSA assumes that you received the denial letter 5 days after the date on the letter. Be sure to work with your health care team throughout all stages of the appeals process.

There are 4 levels of the appeal process:

- Request for Reconsideration - A complete review of your claim by someone who did not take part in the first decision. These states skip this level: AL, AK, CA (LA North/LA West only), CO, LA, MI, MO, NH, NY, & PA
- ALJ Hearing - The hearing will be conducted by an administrative law judge (ALJ), and is usually held within 75 miles of your home. It is usually in your best interests to attend the hearing, because the judge might ask you questions.
- Review by Appeals Council - The Appeals Council may deny a request if it believes the ALJ hearing decision was correct.
- Federal Court Review - If you disagree with the Appeals Council's decision, or if the Appeals Council decides not to review your case, you may file a lawsuit in federal district court.

For more information on the appeals process, visit <https://www.ssa.gov/ssi/text-appeals-ussi.htm>. For information about hiring an SSDI appeals attorney, see our Quick Guide to Legal Assistance: TriageCancer.org/QuickGuide-LegalAssistance.

State Disability Insurance

California, Hawaii, New Jersey, New York, Puerto Rico, and Rhode Island offer short-term disability programs. The maximum amount of time that you can receive benefits for short-term disability is between six to twelve months (varies per state). You may be able to receive both SSDI and state disability, but check with you state about any limitations. Visit TriageCancer.org/StateResources or our Quick Guide to State Disability Insurance: TriageCancer.org/QuickGuide-StateDisabilityInsurance for more information.

Private Disability Insurance

You can also purchase short-term and/or long-term disability insurance directly from a private insurance company. Private disability insurance can also be offered by your employer as an employee benefit. See our Quick Guide to Long-Term Disability Insurance for more information.

For more information about Disability Insurance, visit TriageCancer.org/DisabilityInsurance.

Checklist: Finding Financial Help

Cancer is expensive. Searching for financial assistance while dealing with cancer can be overwhelming. It can be helpful to keep an open mind when thinking about financial assistance. Although you may need one type of assistance, if you are able to get assistance in a different category, funds you have saved can be shifted. For example, if you have money for your gas bill, but not your rent, you may be able to get utility assistance and shift those funds to help you pay your rent. This Checklist has some key steps to finding financial assistance to help you with different types of expenses. Be creative when looking for help.

Are there state, county, or local government financial assistance programs?

- **2-1-1:** When you call 2-1-1, you will be connected with resources for: basic human needs, such as help with food, clothing, rent, and utilities (e.g., gas, water, electricity, etc.); transportation to medical appointments; family support, such as childcare, after-school programs, tutoring, and more. 2-1-1 is available 24/7 in all 50 states, D.C., and Puerto Rico, but not in every city. Find your local area here: www.211.org/about-us/your-local-211
- **Supplemental Nutrition Assistance Program (SNAP):** Provides nutrition assistance for low-income individuals and families. In 2022, the net monthly income limit for an individual not residing in Alaska or Hawaii is \$1,704. In Alaska, the limit is \$1,341, and in Hawaii, the limit is \$1,235. For details: www.fns.usda.gov/snap/state-directory.
- There are other federal nutrition assistance programs. Learn more here: www.ssa.gov/pubs/EN-05-10100.pdf
- Local nonprofit foodbanks can also help with food: www.feedingamerica.org/find-your-local-foodbank
- **Housing Choice Vouchers (Section 8):** Local public housing agencies provide low-income families with rent subsidies paid directly to the landlord. Find your public housing agency here: www.hud.gov/program_offices/public_indian_housing/pha/contacts
- **Temporary Assistance for Needy Families (TANF):** TANF provides low-income families with financial help to pay for food, housing, clothing, utilities, transportation, and more. For details: www.acf.hhs.gov/ofa/map/about/help-families
- **Utilities:** Contact your utilities to see if they have assistance programs for low-income individuals and families.
- **Low Income Home Energy Assistance Program (LIHEAP):** LIHEAP helps with paying heating and cooling bills, services in cases of energy crisis, such as utility shutoffs; and weatherization improvements that make your home more energy efficient and lowers utility bills. For details: www.acf.hhs.gov/ocs/map/liheap-map-state-and-territory-contact-listing
- **Transportation:** Local transit systems may provide free or discounted rates for low-income individuals and families. Some cities also offer bus passes, vouchers for taxi or ride-sharing services, or shuttle services for patients traveling to cancer treatments.
- **Medicaid:** Medicaid is a federal health insurance program for low income individuals and families. Eligibility rules vary by state. For details: www.medicaid.gov/about-us/learn-how-apply-for-coverage/index.html
- **Medicare Prescription Drug Costs:** Individuals on Medicare who need help paying for prescription drug costs may qualify for the Extra Help Program, based on their income level. For details: www.ssa.gov/benefits/medicare/prescriptionhelp.html
- **Childcare:** Local government programs may offer financial help for childcare. For example, the North Carolina Division of Child Development offers vouchers for subsidized childcare services.

Are there private financial assistance programs in the health care community?

Private organizations may provide financial help to individuals with serious medical conditions. For example:

- **Meals on Wheels:** Free or low-cost meals are delivered directly to the homes of seniors or individuals with a disability. For details: www.mealsonwheelsamerica.org
- **NeedyMeds:** Provides prescription drug assistance and a free drug discount card that can be used at your local drugstore. www.needymeds.org
- **Healthwell Foundation:** Provides financial assistance with health insurance premiums, deductibles, co-pays, co-insurance, travel costs, and treatment costs. For details: www.healthwellfoundation.org/patients/apply

Are there private financial assistance programs in the cancer community?

Private organizations may provide financial help specifically to individuals diagnosed with cancer. For example:

- **Lazarex Cancer Foundation:** Helps pay the costs of participating in a cancer clinical trial, including airfare, gas, rental cars, taxi fare, parking/tolls, and lodging. <https://lazarex.org/helping-you/looking-for-help>
- **Culinary Care:** Provides free meals prepared by local restaurants for cancer patients. www.culinarycare.org
- **CancerCare:** Provides help for cancer-related costs. www.cancercare.org/financial_assistance
- **Family Reach:** Helps pay for mortgage or rent, utilities, car expenses, childcare, treatment-related travel, hospital parking, prescription medications, other costs. <https://familyreach.org>

Are there pharmaceutical company assistance programs?

- Some pharmaceutical companies that make prescription drugs have assistance programs for patients, such as coupons, discount cards, vouchers, and more. Uninsured patients may be eligible for free medications. Contact the company directly to learn more: TriageCancer.org/Pharma-Assistance

Are there other health care industry assistance programs?

- *There are other health care companies that provide help accessing items other than prescriptions drugs. For example, if you are taking a nutritional supplemental, there may be help to get those items.*
- **Abbott Nutrition Patient Assistance Program/Pathway Plus:** Provides brand name medications and Abbott products (Pediasure, Ensure, Juven, etc.) at no or low cost for low-income families. For details: www.pathwayreimbursement.com/patient.html
- **Nestlé Health Science Patient Assistance Programs:** Provides a free, three-month supply of products for low-income individuals. For details: www.nestlehealthscience.us/patient-assistance-program

Are there other ways to access financial help?

- Local service organizations (e.g., Salvation Army, Rotary Club, Lion's Club, Kiwanis, etc.) and faith-based organizations (e.g., churches, synagogues, mosques, etc.) may offer some financial help.
- **Crowdfunding:** Asking people to donate money using an online platform can be an effective way to pay for expenses. Learn more about Crowdfunding: TriageCancer.org/QuickGuide-Crowdfunding
- **Fundraising Events:** Hosting a local event (e.g., a bake sale, walkathon, silent auction, restaurant profit-sharing nights, etc.) to raise money to help with expenses can also be helpful. Find fundraising event ideas here: <https://blog.fundly.com/fundraising-ideas-for-cancer>

For information about other strategies for managing finances after a cancer diagnosis, visit:

TriageCancer.org/Financial. Triage Cancer does not provide direct financial assistance. However, we do list financial assistance resources at TriageCancer.org/Cancer-Finances-Financial-Assistance.

Quick Guide to Getting & Paying for Prescription Drugs

Prescription drugs can be expensive, especially those used to treat cancer and its side effects. However, understanding the way your insurance covers your prescription drugs and taking advantage of available resources, can help you reduce your costs. There are some other helpful terms to understand about prescription drug coverage.



Types of Prescription Drugs:

- **Brand-name drugs:** a prescription drug with a specific name from the company that sells the drug. At a point in the future, usually after a patent expires, a generic version of a drug may be available and sold by other companies.
- **Generic drugs:** a prescription drug that contains the same chemical substance as a brand-name drug.
- **Specialty drugs:** prescription drugs that have a high cost, high complexity, and/or require a high touch. Many drugs for cancer are considered specialty drugs.

Types of Pharmacies:

There are different types of pharmacies that may be covered by your plan:

- **Retail pharmacies:** generally a physical location where you go to pick up your prescriptions (e.g., a local pharmacy, CVS, Walgreens, etc.).
- **Mail-order pharmacies:** some retail pharmacies also provide mail-order benefits, where you get your prescriptions in the mail. Some health plans require you to get your prescription through a mail-order service if it is an ongoing prescription (e.g., a drug you will be taking for more than 2-3 months).
- **Specialty pharmacies:** a pharmacy that provides specialty drugs.

Insurance Terms:

- **Deductible:** Your deductible is the amount you pay towards prescription drug costs before your insurance company begins to pay their share. This is a fixed dollar amount that you have to pay each year. For example, you might have a \$250 prescription drug deductible. *Note: your drug deductible might be included in your deductible for medical care.
- **Co-payment:** A co-payment is a fixed dollar amount that you pay each time you receive a prescription medication. They vary by plan and type of prescription drug.
- **Co-insurance/Cost-share:** These terms mean the same thing, both referring to the set percentage of prescription drug costs that your insurance pays. Depending on the type of prescription drug, you may have to pay a co-insurance amount rather than a co-payment amount.
- **Out-of-pocket Maximum:** Your out-of-pocket maximum is the maximum amount you will have to pay for your prescription drugs during the year. Usually, everything you pay towards co-payments, deductibles, and co-insurance counts towards your out-of-pocket maximum. *Note: out-of-pocket costs for drugs may be included in the out-of-pocket maximum for your medical care.
- **In-network vs. Out-of-network:** Most insurance companies have a “network” of pharmacies they have contracted with. Some plans will not cover prescriptions received from an out-of-network provider. Some plans will only count in-network payments toward your out-of-pocket maximum.

Prescription Drug Cost Example:

Noah's Plan: deductible = \$1,000; co-payment = \$50; co-insurance = 70/30; OOP maximum = \$1,500

If Noah has a prescription for a drug that costs \$10,000, how much does he pay?

- His co-pay of \$50: $\$10,000 - \$50 = \$9,950$ left
- His remaining deductible of \$950: $\$9,950 - \$950 = \$9,000$ left
- His co-insurance amount of 30%: 30% of \$9,000, which equals \$2,700

But his out-of-pocket maximum is only \$1,500. So, after paying the \$50 co-payment and the remaining \$950 of the deductible, he has paid \$1,000 out-of-pocket and only needs to pay another \$500 of the \$2,700 co-insurance amount, to reach his \$1,500 out-of-pocket maximum. His plan will pick up the rest of the costs.

- What does Noah pay next month for his prescription? \$0

Accessing Prescription Drugs:

- **Formulary:** A list of prescription drugs that a health plan will cover and for how much. Understanding and using a plan's formulary will help you save money on medications. Some plans have formularies with two or more cost levels, known as tiers. The highest tier on most formularies is the "specialty" tier, which includes many cancer drugs. The co-payment and co-insurance amounts will depend on the tier of the prescription drug you are taking. This is a sample of formulary tiers:

Tier	Type of drug	Sample co-payment or co-insurance amount paid by patient
Tier 1	Cheapest generic drugs	\$5 co-payment per prescription
Tier 2	More expensive generic drugs and preferred brand name drugs	\$25 co-payment per prescription
Tier 3	More expensive and non-preferred brand name drugs	\$100 co-payment per prescription
Tier 4	Specialty drugs and newly approved drugs	20% co-insurance amount per prescription

- **Exception requests:** Generally, if a drug is not on the formulary, the insurance company will not cover it. However, you may be able to file an appeal called an exception request. There are different types of exception requests:
 - **Non-formulary drug exception:** a request to cover a non-formulary drug.
 - **Tier exception:** a request to treat a drug as if it were in a lower tier, reducing out-of-pocket costs.
 - **Brand exception:** a request to cover a higher-cost brand name drug even if a generic is available.

It is important to work with your health care team to show that taking a specific drug is medically necessary for you and why the insurance company should make an exception to their process.

- **Step therapy:** When an insurance company requires patients to try a generic or lower cost drug before getting a brand-name or more expensive drug. If the lower cost drug doesn't work or causes a bad reaction, the patient would be allowed to "step up" to another medicine. If your insurance company uses step therapy, you can file an exception request to try to get access to the drug prescribed by your health care team.



Prescription Drug Denials:

If your insurance company has denied coverage for a certain prescription, you can **appeal**. How to appeal depends on the type of coverage you have (e.g., a plan you bought from the Marketplace or an insurance company, a plan through your employer, Medicare, etc.). For more details about how to file an appeal for your type of plan, visit <https://TriageCancer.org/Cancer-Finances-Appeals>.

Tips on Lowering Prescription Drug Costs:

- Understand how your plan works:
 - Are your drugs on the formulary?
 - Does your plan require you to get pre-authorization before accessing a drug?
 - Do you need to file an exception request?
 - Does your plan require that you get your drugs from an in-network pharmacy?
 - Does your plan charge you less if you use a mail-order pharmacy?
- Understand your state's laws:
 - Does your state have a limit on the out-of-pocket costs for specific types of drugs (e.g., oral chemotherapy parity laws)? Visit [TriageCancer.org/StateLaws](https://www.triagecancer.org/StateLaws) to learn more.
 - Does your state have a State Pharmaceutical Assistance Programs (SPAP)? Visit www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx to learn more.

Resources to Help Pay for Prescription Drugs: If you are struggling to afford your prescription drugs, there may be programs and options that can help.



- **Are there drug discount cards or programs that can help lower your out-of-pocket costs?**

- Drug discount cards may allow you to pay a lower co-payment for a prescription, than what you would pay if you used your insurance plan to pay for the drug. Usually, there are no eligibility requirements to use these cards. For example, Triage Cancer has a partnership with NeedyMeds to offer a drug discount card: [TriageCancer.org/drugdiscountcard](https://www.triagecancer.org/drugdiscountcard).
- You can also research the best possible price for your prescription drugs in your local area on websites such as GoodRx and [WeRx.org](https://www.werx.org). Different pharmacies may charge different prices for drugs. You can ask if your pharmacy will match the price of another pharmacy.

- **Are there private financial assistance programs in the health care community?**

Private organizations may provide financial help to individuals with medical conditions, such as cancer:

- NeedyMeds: Provides prescription drug assistance and a free drug discount card that can be used at your local drugstore. www.needymeds.org
- Healthwell Foundation: Provides financial assistance with health insurance premiums, deductibles, co-pays, co-insurance, travel costs, and treatment costs. www.healthwellfoundation.org/patients/apply
- CancerCare: Provides help for cancer-related costs. www.cancercare.org/financial_assistance
- To learn more about these financial assistance resources and others, visit: [TriageCancer.org/Cancer-Finances-Financial-Assistance](https://www.triagecancer.org/Cancer-Finances-Financial-Assistance).

- **Are there pharmaceutical company assistance programs?**

Some pharmaceutical companies that make prescription drugs have programs for patients, such as coupons, discount cards, vouchers, and more. Uninsured patients may be eligible for free medications. Learn more: [TriageCancer.org/cancer-finances-prescription-drugs](https://www.triagecancer.org/cancer-finances-prescription-drugs).

- **Are there other ways to access financial help?**

- Local service organizations (e.g., Salvation Army, Rotary Club, Lion's Club, Kiwanis, etc.) and faith-based organizations (e.g., churches, synagogues, mosques, etc.) may offer some financial help.
- **Crowdfunding:** Asking people to donate money using an online platform can be an effective way to pay for expenses. Learn more: [TriageCancer.org/QuickGuide-Crowdfunding](https://www.triagecancer.org/QuickGuide-Crowdfunding)

For information about other strategies for managing finances after a cancer diagnosis, visit: [TriageCancer.org/Financial](https://www.triagecancer.org/Financial).

Checklist: Getting Organized

Whether you are trying to organize your finances, or you are starting to make estate planning decisions, it is important that you compile the information contained in this checklist, in addition to any other information that you feel is important. Some potential places to store these records include a fireproof safe in your home, a bank safe deposit box, or electronically in an online drive. One benefit to keeping a copy of these records online, is that they are accessible from anywhere, which can be useful if you are traveling or if there is a natural disaster.

Wherever you decide to store these records, it is crucial that someone you trust knows where they are located and has access. For example, if you have named a friend your financial power of attorney, your friend needs to have access to your bank accounts, etc. If you have named your sister the executor of your will, then your sister needs to be able to access a copy of the will.

Personal & Family Records

- Social Security card, drivers' license or state ID, passport, & military discharge papers (DD-214)
- Birth certificates for yourself, spouse, and children
- Marriage license and/or proof of divorce, if applicable
- Contact information for your current employer and/or supervisor
- Health, dental, vision, personal property, and/or homeowner's or renter's insurance with contact information of insurance agent(s)
- Usernames and passwords for computers, tablets, phones, online accounts, music sharing sites, etc.
- List of close relatives, friends, neighbors, etc. with their contact information
- Instructions or other messages for surviving spouse or children

Financial Accounts & Property Records (For information about finances, visit <https://TriageCancer.org/Financial>)

- Account information for checking, savings, credit cards, loans, stocks, bonds, other securities, other assets, and accounts receivable, etc.
- Safe-deposit box bank information, key, and box number
- Proof of car (and/or motorcycle, boat, etc.) ownership, registration, and insurance
- Real estate deed, title policies, mortgages, record of payments, tax receipts, receipts for improvements, etc.
- Income tax returns for last three years, and contact information for tax preparer
- Receipts and appraisals for any personal property of substantial value (e.g., furniture, silver, art, jewelry, etc.)
- Any business ownership and financial records (e.g., for sole proprietors or partnerships)

Estate Planning Documents (For information about estate planning, visit <https://TriageCancer.org/EstatePlanning>)

- Will, trust, financial power of attorney, and advance directive, with contact info of attorney if applicable
- Account information for retirement or pension plans (e.g., IRA, 401k, 403b, etc.)
 - Life insurance policies
 - Funeral or memorial instructions

Quick Guide to Managing Medical Bills

Cancer is expensive. But knowing some key tips on how to manage your medical bills can help you avoid unnecessary expenses. This Quick Guide will cover some ways to reduce your costs before you get medical care and after. The most effective way to avoid high medical bills is to make sure that you have adequate health insurance coverage that covers your health care providers and your prescription drugs.

To better understand health insurance terms and how to pick a health insurance plan, read our Quick Guide to Health Insurance Basics (<https://triagecancer.org/quickguide-healthinsurancebasics>) or watch these animated videos: Health Insurance Basics <https://triagecancer.org/video-HealthInsuranceBasics> and How to Pick a Plan <https://triagecancer.org/video-pickingaplan>.

A. Ways to Avoid Higher Medical Bills Before Care

While it is impossible to completely avoid out-of-pocket medical costs related to a cancer diagnosis, you can take steps to avoid higher-than-necessary medical bills.

- Have the Right Insurance. People tend to only look at a plan's monthly cost when choosing a health insurance policy. However, you should also look at the out-of-pockets costs that you have to pay when you get medical care, such as co-payments, deductibles, and out-of-pocket maximums. You also need to make sure the plan covers your providers, hospitals, and prescription drugs. Reviewing your health insurance coverage is something that you should do each year to make sure that you have the coverage that is best for you. For tips on how to do this, visit <https://TriageCancer.org/HealthInsurance>.
- Discuss Costs With Your Health Care Team Before Treatment. Your health care team may have suggestions for reducing costs, for example, arranging health care appointments grouped together, helping you avoid extra co-payments for office visits.
- Get Necessary Pre-authorizations. Many health insurance companies require you to obtain prior approval (also called pre-authorization, prior-authorization, or pre-certification) before you get medical care. If you don't get the pre-authorization, your health insurance company might deny your claim. Make sure your health care team contacts your health insurance company before treatments, testing, surgery, or hospitalization to check if you need a pre-authorization. If your health care team does not request pre-authorizations for you, you are responsible for getting approval from your insurance company. Also, even if you receive approval, it does not guarantee that your insurance will cover your care.
- Go to In-Network Providers When Possible. To be a part of a plan's network, doctors and facilities contract with the plan and agree to accept a specific rate for their services under the plan. These doctors and facilities are considered "in-network." Doctors and facilities that do not have a contracted relationship with an insurer are considered "out-of-network." Some Preferred Provider Organization (PPO) plans have limited coverage for out-of-network providers (eg, 50%). Most Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) plans pay 0% for out-of-network providers.
- Make Sure Health Care Providers Have Up-to-Date Information. Make sure that all of your health care providers have your current contact and insurance. Take your insurance cards with you to each medical appointment and to the pharmacy.



- **Be a Good Consumer.** Consider your health care options like you would any other item or service you purchase: shop around and compare prices. For example, you usually don't have to use a specific lab for a blood test. Not all labs charge the same amount, and there can be a significant difference in your cost if the lab is not in your health insurance plan's network. For more information on ways to shop for medical care, visit the Managing Finances module at <https://TriageCancer.org/Cancer-Finances>.
- **Negotiate With Health Care Providers.** If shopping around for lower cost providers is not an option, you might be able to negotiate your medical bill, before you get care. Ask for up-front pricing for all nonemergency tests and procedures and ask if there are any discounts available. For instance, providers may offer a discount for paying in cash, rather than by credit card. You might qualify for an "ability to pay" program or "charity care" at a health care facility. Many hospitals have a billing department and even patient navigators who can help you negotiate a bill.
- **Keep Track of Your Out-of-Pocket Maximum.** While your insurance company usually keeps track of what you have paid for medical care out-of-pocket, and may even list that on each Explanation of Benefits (EOB) that you receive, it can be helpful to keep track on your own to make sure those amounts match. Mistakes happen and you don't want to pay more than you are required to under your plan.
- Also, when you visit a provider, you may be asked to pay a co-payment when you check in. If you have an insurance plan that includes your co-payments in your out-of-pocket maximum, your provider may not know that you have already reached your out-of-pocket maximum and, therefore, aren't responsible for paying any more co-payments for the rest of your plan year.
- **Leverage Out-of-Pocket Maximums.** If you've reached your maximum for the year, consider addressing any other health care needs you have, rather than waiting until the new plan year, where you will have to meet your out-of-pocket maximum again.

B. Understand Balance Billing and Surprise Billing

- **Be Aware of Balance Billing.** Balance billing occurs when out-of-network doctors and hospitals bill patients for the difference between a billed charge and a health insurance plan's allowed amount. For example, if you choose to see an out-of-network provider and that provider charges you \$100 for a service, and your health plan pays only 50% for out-of-network care, then that provider can bill you for the \$50 balance.



However, this type of balance billing is typically not allowed if:

- You have Medicare and use a health care provider who accepts Medicare
 - You have Medicaid and use a health care provider who has an agreement with Medicaid
 - Your doctors or facilities have a contract with your health plan (in-network) and are billing you more than the plan's contract allows
- **Be Aware of Surprise Billing.** You might face a surprise medical bill when you receive care from a provider you did not know was out-of-network. For example, you schedule a surgery with a surgeon and hospital that are in-network, but after your surgery, you find out that the anesthesiologist was not in-network when you get a large surprise bill from the anesthesiologist. Some states have tried to protect patients from balance billing: <http://trriagecancer.org/statelaws>. A new federal law, the No Surprises Act, protects patients who have private insurance from surprise bills, starting January 1, 2022.

C. Communications Around Medical Bills

The amount of paperwork generated each time you receive medical care can be overwhelming. Each time you get medical care, you can expect to receive some, or all, of the following items in the mail, by e-mail, or posted in your online insurance account, or online electronic medical record offered by your provider.

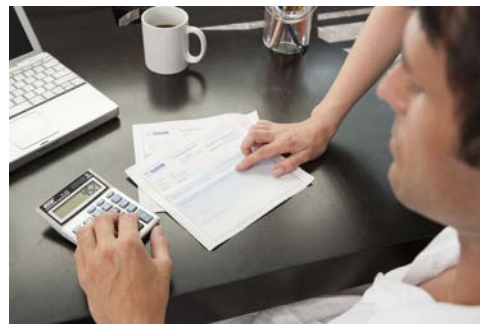
- From the health insurance company, you may get:
 - A letter indicating it has received a claim from the health care provider
 - A letter saying it is processing the claim
 - An explanation of benefits (EOB), which details the claim received, how much the provider charged for the particular service (eg, an X-ray), what the health insurance company is going to pay the provider, and what the patient may owe the provider (often called the “patient responsibility”). Generally, EOBs are identified by the statement “THIS IS NOT A BILL” somewhere on the page.
- From the health care provider:
 - The bill with an amount that the patient is responsible for paying

You should wait to send in a payment to your provider until you receive your insurance EOB to ensure that the bill and the EOB match and that they are correct. If you’re concerned about missing the due date on the bill while waiting for your EOB, contact your provider and let them know that you are waiting for your EOB.

D. Reviewing Your Medical Bills

Once you’ve gotten a medical bill, it’s important to review it to make sure it’s accurate. Don’t be afraid to ask your providers to explain codes or descriptions of services you received. You should look for:

- Small errors, like a wrong number or code, can make a big difference in your bill. Ask for an itemized list of charges, request a copy of your medical records and pharmacy ledgers, and check that everything matches up.
- You might be able to challenge certain charges, such as:
 - Procedures that were ordered and then cancelled
 - Medication ordered for you, but never given to you
 - Hospital errors (eg, lab results were lost so the test had to be redone)
 - Hospital delays (eg, an extra night’s stay in the hospital because of an unavailable surgical suite)



If you need help managing your medical bills, consider:

- Asking for family and friends for help: They can open mail, match EOBs to bills, and put payment due dates on your calendar.
- Reaching out to a case manager: Some insurance companies provide their customers with case managers to help them navigate medical care, health insurance policies, and bills. But it is important to remember they work for the insurance company. You still need to keep track of every conversation, write down who you talked to, the date you talked to them, and what you discussed.
- Hiring a professional bill reviewer: A professional bill reviewer or medical claims organization can help you with things like doing a comprehensive review of your medical bills to make sure they are accurate and checking diagnosis codes for upcharges. The Alliance of Claims Assistance Professionals has referrals: www.claims.org.

When Your Insurance Plan Says No:

At some point during your cancer treatment, you may experience a denial of coverage from an insurer, whether for an imaging scan, prescription drug, treatment, procedure, or genetic test. Most people take “no” for an answer. But those who don’t accept the denial, and file an appeal, may actually win and get coverage for the care prescribed by their health care team!



For more information about appealing a claim denial, read the Quick Guide to Appeals for Employer-Sponsored & Individual Insurance at <https://TriageCancer.org/QuickGuide-Appeals> or watch this webinar, “When an Insurance Company Says No:” <https://vimeo.com/triagecancer/understandingappeals>.

E. Getting Organized

There are lots of tools available to keep track of your medical bills, EOBs, medical records, and other paperwork related to your medical care. But the key is to use whichever tool is going to make it easier for you to stay organized, whether that is a box with file folders or a 3-ring binder. You should also keep track of any communications that you have with your provider and health insurance company.

If you need to appeal any denials of coverage, you can use this Appeals Tracking Form: <https://triagecancer.org/AppealTrackingForm>. You can also watch this webinar on staying organized: <https://triagecancer.org/webinarreg-organize>.

One reason it is important to stay organized is that tracking all of your expenses related to your medical and dental care could actually save you money.

- If you need to get a pre-authorization, keeping that in a safe place is useful, in case your insurance company says they never gave approval.
- You should also keep track of all medical and dental costs, including meals, lodging, and travel expenses related to medical care, because these expenses might be tax-deductible, or possibly paid for through a flexible spending account (FSA).

F. Paying Your Medical Bills

- If you get a medical bill that you are unable to pay, it is important not to ignore it. Consider contacting your provider to ask for more time, or see if your provider would be willing to negotiate a payment plan or accept a lower lump-sum payment.
- It is also important not to wait too long to contact your provider about an unpaid medical bill. Contacting your provider before unpaid bills get sent to collection agencies can help protect your credit score.
- Be careful when you’re considering paying medical bills with credit cards; they usually have high interest rates, and you could end up spending more than necessary. You should also be careful when considering taking out a home loan to pay off medical debt. Using your home as collateral transfers the debt from being unsecured to secured, which means that the lender could take your home if you are unable to make payments.
- You can apply for financial assistance programs to help offset the cost of your medical bills.
- Visit <https://TriageCancer.org/Cancer-Finances> for financial assistance resources.

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