

Breast Cancer Treatments and Procedures: How You Can Get the Care You Need



Breast Cancer Treatments and Procedures

How You Can Get the Care You Need

As a breast cancer patient, you are not only worried about your health, but you might also be worried about the cost of your care. This information is meant to address some of those worries. It outlines some options to help pay for the care you need to get well.

Short-Term Disability

- Short-term disability most often pays you part of your salary for a certain period of time. You may have to use up all your sick time and vacation days before you get any disability benefits. Talk to your Human Resources Department to learn more about your benefits.

Long-Term Disability

- Long-term disability pays you part of your salary after short-term benefits run out. Policies differ widely in the length of time that benefits are paid, and the benefit amount. Talk to your Human Resources representative.

If You Have Health Insurance

Health insurance is an important way that people get access to healthcare. However, while it helps pay for some of the medical costs of breast cancer diagnosis and treatment, there are often other out-of-pocket costs. These costs can put a financial strain on patients and their families.

It's important that you read your policy and know what your plan covers. You should also work with your insurance company to make sure you get all the benefits that you're allowed. There are some important steps you can take to help you get the greatest benefit from your plan. These can help you plan for out-of-pocket costs.



Steps to Take

1. Get an up-to-date copy of your plan from your insurance company.
Learn:
 - How your plan works
 - What your benefits are
 - How to file a claim
 - How to contact the company
2. Make sure all your doctors/providers "participate" in your plan to avoid out-of-network fees.
3. Ask which of your procedures will require you to pay a copay, and how much it will be.
4. Keep all paperwork that has to do with your treatment and diagnosis, and insurance claims that you submit. It can be helpful to keep everything in a notebook or folder.
5. Know how the payments for treatment are made. Does the insurance company make the first payment, or do you pay the bill and ask for your money back?
6. If your insurance company denies a claim, talk to your case manager to find out why. Ask if you can file an appeal and how.
7. If you buy your own insurance through an insurance exchange, make sure you pay your premiums on time. The insurance company can drop you if you don't pay your premiums.

About HIPAA: the U.S. Health Insurance Portability and Accountability Act of 1996

If you change jobs, HIPAA guarantees your health insurance through your new employer, if they offer group insurance. You must have had insurance for at least a year without loss of coverage for more than a couple of months. Also, you can't be denied coverage because of a pre-existing condition. Learn more about HIPAA online from the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/index.html

Whenever you have worries about paying for your care, you should talk to your cancer care team. They may have a financial services office or a staff person who can help you. They may also send you to an organization that offers help and support, like your state's Health Insurance Marketplace.

If You Lose Your Health Insurance During Treatment

If for any reason you lose the health insurance that you had through your job, you can still buy it through the Health Insurance Marketplace. The Marketplace was created as a result of the Affordable Care Act. Now people of all income levels can get insurance. The Marketplace is set up by state. To read more about the Marketplace and learn about your states' marketplace, go to www.healthcare.gov/have-job-based-coverage/if-you-lose-job-based-coverage.

The Marketplace offers help to people who are shopping for a low-cost plan that meets their needs. Read more about this at www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/AssistanceRoles.

Navigators and in-person staff are trained to help you:

- Find out if you qualify for programs that help pay for insurance
- Choose a plan
- Sign up

The Marketplace also tells you how to find local certified application counselors, who may be in community healthcare centers, doctor's offices, hospitals, or social service agencies.

If you lose your health insurance during breast cancer treatment because you change jobs or work less hours, COBRA (or the Consolidated Omnibus Budget and Reconciliation Act of 1986) lets you stay in your employer-sponsored insurance plan for the short term. The amount of time you can keep the plan depends on the reason you lost your coverage.



For example, you can have

- Up to 18 months of COBRA coverage if you stop working or cut the number of hours you work.
- Up to 3 years of COBRA coverage because of divorce or death.

The rates for COBRA are often higher than the rates employees pay. Also, it isn't automatic. You must ask for it within 60 days of getting a written COBRA notice. Visit the U.S. Department of Labor at www.dol.gov/ebsa/faqs/fac-consumer-cobra to learn more about these benefits.

If You Don't Have Health Insurance

There are some programs at the federal and state level that may be able to help you get coverage or pay for treatment costs if you don't have health insurance. You may need to be a certain age or have a certain income to sign up for some programs.

Remember, though, the Affordable Care Act does not allow health insurance companies to refuse to cover you or charge more because you have a pre-existing condition. Learn more about this at www.healthcare.gov/health-care-law-protections.

Medicaid

Medicaid is a federal government program that provides health insurance for people whose earnings and assets are at or below a certain level. Medicaid programs are run by the state and each state has its own rules. To learn more about it, go to www.medicaid.gov/medicaid-chip-program-information/medicaid-and-chip-program-information.



All state Medicaid programs plus the District of Columbia cover screening mammograms. They also cover treatment for all women who have breast cancer through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program. But a 2007 survey by Susan G. Komen for the Cure found that some states won't cover treatment if a woman was screened through a provider that isn't part of the National Breast and Cervical Cancer Early Detection Program. Find out more about this at www.cdc.gov/cancer/nbccedp.

This means that some women may not be able to get Medicaid for breast cancer treatment. If you want to be covered by Medicaid in the event you need breast cancer treatment, talk to your doctor and your screening center to find out if they are part of the federal program.

Medicare

Medicare is federal government program that offers health insurance mostly to people 65 years of age or older, or who are disabled. Medicare covers certain screening tests, like mammograms, that can help find cancer early. You can learn more about this at www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/medicare-coverage-for-cancer-prevention-and-early-detection and www.ssa.gov/medicare.

Other coverage is decided based on the program "Parts" of Medicare:

- *Part A* covers most hospital stays and expenses.
- *Part B* covers needed outpatient care.
- *Part C* includes Medicare Advantage Plans you can choose to add. These are offered by private companies approved by Medicare. The plans include all of your Part A and Part B coverage. Most also include Part D coverage.
- *Part D* covers prescription drugs.

State Risk Pools

Some states offer health insurance risk pools. These let people buy coverage even if they were turned down before because of a health problem. Contact your state Department of Insurance for more information, or go to www.healthcare.gov/glossary/high-risk-pool-plan-state.

Clinical Trials

Some patients choose to take part in a clinical trial to help with treatment costs. A clinical trial is a research study that looks at how well a new treatment or procedure works in people. Many clinical trials are done at cancer centers, but local hospitals and doctors' offices also can be part of a clinical trial.

Each clinical trial has its own benefits and risks. One possible benefit is the chance to have a new treatment that may be free or low cost. Also, the Affordable Care Act states that new or renewing healthcare plans must cover routine costs for eligible patients taking part in studies. This means that patients with health insurance who are accepted into a study may have financial support from their insurance companies to take part in clinical trials. If you are thinking about a study, make sure you know what your costs will be before you agree to take part as insurance may not cover all of the costs. Learn more about this at www accrualnet.cancer.gov/communities/conversation/aca_and_clinical_trials_coverage_helpful_resources_for_providers_and_patients. No one can predict the results of a clinical trial. This may make it hard to decide if a clinical trial is right for you. You and your doctor must weigh the benefits against the risks before deciding what's best for you.

If you are thinking about taking part in a clinical trial, ask your doctor if he or she knows of a trial that may be right for you. You can also find clinical trial information on the National Cancer Institute's website at www.nih.gov/health/clinicaltrials, or you can call them at 1-800-4 CANCER (1-800-422-6237) to learn more.

A free trial-matching service just for breast cancer studies is online at www.BreastCancerTrials.org. You can type in your breast cancer history and get information about trials that may match your treatment needs.



Other Ways to Lower the Cost of Medicine

There are a few ways that you might be able to save money on your medicines.

- Ask your doctor or pharmacist for generic medicines. Generics are often cheaper than brand name medicines.
- Ask your doctor for samples of medicines that have been prescribed for you. This is a good way to try medicines that you haven't taken before paying for a full prescription. But you can't get samples for all medicines. If you can't get a sample, fill only part of the prescription to find out if the medicine will work for you.
- Ask if you can get your medicine in pill form. Pills tend to cost less than other forms of medicine.
- Shop for the best price. Call pharmacies near you to compare the prices of your medicines.

Many drug companies have programs to help people get the medicine they need at reduced or no cost. The last page of this handout is a list of companies that offer these programs. You may have to be a certain age or have a certain income level to sign up.

Other Costs You Might Have During Treatment and Recovery

In addition to the cost of treatments, you may face costs for transportation to and from a treatment center, child care during your treatment, or for special foods to take care of your nutritional needs. If you have to take time off from work and your income is lower, these daily living expenses can be hard to pay for.

Don't panic or skip treatments or doctor's visits. Remember that your cancer care team can guide you to local government agencies and other organizations that offer financial help for health care. Groups like the American Cancer Society help connect patients with programs to help during recovery. You can see support services listed by the American Cancer Society online at www.cancer.org/treatment/supportprogramsservices.

Emotional and Social Support

Recovery from breast cancer isn't only about dealing with cancer. It's also about your sense of well-being. Recovery is physically and financially tough, but even when the cancer is gone, you may still face emotional and social challenges.

Most insurance programs cover services that can give you and your family members emotional support during recovery and after. Learn more about this at www.hhs.gov/healthcare/facts/factsheets/2014/12/health-insurance-and-mental-health-services. The Affordable Care Act expanded mental health and substance use disorder benefits. It did this by stating that Medicaid Alternative Benefit Plans, all Marketplace Plans, and most individual and small group plans must cover not only mental health and substance use services, but also rehabilitation and habilitation services. These are services that help a person keep, learn, or improve skills and functioning for daily living.

Medicare also covers a wide range of mental health services. Like cancer treatment, the mental health services covered by Medicare are tied to the Medicare program part.

- Part A covers inpatient mental health care services provided in a hospital, such as your room, meals, nursing care, and other related services and supplies.
- Part B helps cover mental health services outside of a hospital, including visits with a psychiatrist or other doctor, a clinical psychologist, or social worker, or lab tests ordered by your doctor.
- Part D helps cover drugs you may need to treat a mental health condition.

Learn more about this at www.hhs.gov/healthcare/facts/factsheets/2014/12/health-insurance-and-mental-health-services.

Life After Breast Cancer

Adjusting to life after breast cancer may not happen quickly. You are unique and have your own life experiences. It's normal to have different feelings about what you've been through. Emotional and social recovery after cancer is important to your quality of life now and in the future. It should not be treated lightly. Seek out the resources that you need. Over time, this part of your healing process will take place.



Pharmaceutical Companies Offering Programs to Help Pay for Medicines

Company Name	Medicines(s)	Link	Phone
Abbott Laboratories	Lupron (leuprolide)	http://www.abbviepaf.org/	1-800-222-6885
Actavis, Inc.	Trelstar (triptorelin)	http://www.trelstar.com/payment_assistance/index.asp	1-866-755-3315
Amgen	Aranesp (darbepoetin alfa), Epogen (epoetin alfa), Neulasta (pegfilgrastim), Neupogen (filgrastim), and Xgeva (denosumab)	http://www.amgenassist.com/index.jsp	1-888-427-7478
AstraZeneca	Arimidex (anastrozole), Faslodex (fulvestrant), Novaldex (tamoxifen), and Zoladex (goserelin)	http://www.astrazeneca-us.com/medicines/help-affording-your-medicines/azandme-prescription-savings-programs	1-800-292-6363
Bristol-Myers Squibb	Cytotoxan (cyclophosphamide), Paraplatin (carboplatin), Ixempra (ixabepilone), Megace (megestrol), Mitomycin (mutamycin)	http://www.bms.com/products/Pages/programs.aspx	1-800-861-0048
Celgene	Abraxane (albumin-bound paclitaxel)	http://www.celgenepatientsupport.com/	1-800-931-8691
Eli Lilly	Evista (raloxifene) and Gemzar (gemcitabine)	http://www.lillytruassist.com/index.aspx	1-855-559-8783
Eisai	Halaven (eribulin)	http://www.eisaireimbursement.com/Halaven/Default.aspx	1-866-613-4724
Genentech	Avastin (bevacizumab), Boniva (ibandronate), Herceptin (trastuzumab), Kadcyla (T-DM1 or ado-trastuzumab emtansine), Perjeta (pertuzumab), and Xeloda (capecitabine)	http://www.gene.com/patients/patient-access	1-866-422-2377
GlaxoSmithKline	Tykerb (lapatinib)	http://www.gskcta.com/	1-866-265-6491
Janssen Biotech	Doxil (doxorubicin) and Procrit (epoetin alfa)	http://www.janssenprescriptionassistance.com/	1-800-652-6227
Novartis	Afinitor (everolimus), Aredia (pamidronate), Femara (letrozole), Reclast (zoledronic acid), and Zometa (zoledronic acid)	http://www.patientassistancenow.com/info/oncologyresourcecenter/patients_caregivers.jsp	1-800-282-7630
Pfizer	Aromasin (exemestane), Ellence (epirubicin), and Halotestin (fluoxymesterone)	https://www.pfizerhelpfulanswers.com/pages/Misc/Default.aspx	1-866-706-2400
ProStrakan Group	Fareston (toremifene)	http://www.fareston.com/support	1-800-676-5884
Sanofi Aventis	Taxotere (docetaxel)	http://www.sanofi.us//us/en/layout.jsp?scat=FA582E76-C4AF-453B-BE47-228829600888	1-888-847-4877