



A Gynecologic Cancer fact sheet

financial resources for cancer patients: *your guide*



A cancer diagnosis can impact you in many ways beyond the actual staging and treatment of the disease. As you schedule appointments with your gynecologic oncologist, you might have questions about various topics related to your health. The Your Guide series, available on the Foundation for Women's Cancer website, is meant to be a patient resource that you can discuss with your health care provider. This fact sheet explores the financial impact of cancer treatment with an explanation of terms that you should know.

A cancer diagnosis will have an impact on you and your immediate family in many ways. Having sufficient health insurance and the financial resources to pay for cancer treatments may be a concern. Whether you are newly diagnosed or no longer in active treatment, it is important to have an understanding of common health care coverage terms as well as access to treatment. Don't be afraid to ask questions about covering your health care expenses, and where you might go for additional assistance.

Common terms explained:

Appeal: A process by which you can ask your insurance company to reconsider its decision to deny payment for a service.

Claim: When a request is made to a patient's insurance company to pay for a medical service.

Co-payment (Co-pay): The amount you pay out of pocket for doctors' visits, labs, tests. This amount is set by your insurance company, not the doctor.

Coverage: What benefits and services an insurance policy will pay for.

Deductible: The amount an insured individual must pay every year out of pocket before the insurance plan begins to pay health care costs.

Disability insurance: A type of insurance that provides income while a person cannot work due to illness or injury.

Essential health benefits: Everything that an insurance plan must pay for, according to the Affordable Care Act.

Family and Medical Leave Act (FMLA): A law that protects employees when they must take leave to deal with their own illness or the illness of a family member.

Health Maintenance Organization (HMO): A private health insurance structure by which a person can choose a primary care doctor from a list of "in network" physicians and any specialist care requires a referral from that primary care physician.

Insurance cap: The total amount of money an insurance plan will cover; this was eliminated under the Affordable Care Act.

Long-term care insurance: Insurance that helps pay for nonmedical needs, such as help with preparing meals and self-care.

Medicaid: Government health insurance for people with incomes below a set level.

Medicare: Government health insurance for people over 65 or with disabilities. (Part A covers inpatient care, Part B covers other medical expenses like doctor visits, Part C is also known as Medicare advantage plans managed by private companies, and Part D covers drugs.)

Open enrollment: Date range or time period when you can obtain new coverage or change to a new health care plan.

Power of attorney, financial: Legal document that appoints someone to act on your behalf with regards to financial decisions.

Preferred Provider Organization (PPO): Health insurance plan where you can select any doctor that is in the pre-approved network of doctors, even specialist physicians.

Pre-existing condition: A medical condition that someone has prior to enrolling in a new health plan.

Prior authorization or precertification: Asking an insurance company for approval for payment for services before they happen.

Premium: What you or your employer pays each month for your insurance.

Reasonable and customary fees: The average cost for specific services in a specific region that is used to determine what insurance will pay; anything above and beyond these may have to be paid by the patient.

Social Security disability insurance (SSDI) and supplementary income: Government programs run through the Social Security Administration that assist people with disabilities who meet specific medical requirements.

Specialist: A type of physician who focuses on and is trained in caring for a very specific set of health issues.

Questions to ask your treatment team relating to cost:

- What treatments will I need?
- How many visits will this require? At what frequency? For how long?
- How flexible is my treatment schedule, in case I need to work around my job or other life events?
- Will I be able to work during treatments?

- Who can I contact about health care costs and concerns related to them?
- How much will I have to pay for a co-pay at each doctor visit or treatment and when is it due?
- Are payment plans available?
- Is there someone who can tell me what the total cost of treatment will be?
- If I participate in a clinical trial, what will I be asked to pay for?
- Is a generic form of my medicine available? A cheaper similar drug? A special program to help me cover costs?
- Are there special programs to assist with transportation or lodging?
- Are there any programs to help with family support (i.e., child care)?
- Should I be planning on having financial plans for a long-term care facility, a nursing home or hospice care?

Important team members who may be able to help you navigate the cost of your cancer care:

- Financial counselors
- Care navigators
- Social workers
- Case managers
- Nurses
- Doctors

Additional resources:

For assistance purchasing health insurance:
healthcare.gov

For a variety of cancer resources:

Triage Cancer - triagecancer.org

Triage Cancer/The Samfund Cancer Finances - cancerfinances.org

Cancer Financial Assistance Coalition - cancerfac.org

CancerCare - cancercare.org

Cancer.net (Conquer Cancer Foundation) - cancer.net