HEALTH INSURANCE INFORMATION FOR CANCER SURVIVORS

Lots of cancer survivors find it difficult to obtain or keep health insurance. This can be due to several reasons—becoming too old for coverage under a parent's plan, loss of job, having a pre-existing condition that may exclude them from coverage, or because they don't make enough money to pay for an individual insurance policy. Whatever the reason is, here are some important things survivors need to know and remember when planning to change insurance plans or when trying to obtain new coverage:

- **Look for comprehensive health insurance.** This type of coverage will cover clinic appointments, hospitalizations, lab work, x-rays or other imaging studies and prescriptions. This coverage should also include referrals to specialists. There are other plans out there that will not cover all these things. Beware of them.
- **Short Term and Long Term Disability Plans.** These plans require paying monthly premiums that are typically deducted from your paycheck but will provide you with an uninterrupted income at a certain percentage of your salary if you have to be out of work for surgery, testing, pregnancy or other medical reason.
- **Look for things an insurance plan WON'T pay for.** Some plans will not pay for things like clinical trials or drugs not on an approved formulary list. More importantly, some policies will have certain restrictions regarding "pre-existing conditions" or illnesses affecting certain body systems or organs. Make sure you take time to read the fine print.
- **Make sure your doctors accept your new insurance plan.** Currently, Vanderbilt Medical Center does NOT accept adult patients with TennCare. Regardless of your age or TennCare plan, you are responsible for obtaining any and all referrals to any specialists you may need to see. Your Primary Care Provider (PCP) can help arrange this. All TennCare patients will have a PCP assigned by TennCare for their everyday health needs.
- **Pre-existing conditions.** It is your right to not be excluded from a group health plan (through your employer) because of a pre-existing condition. It is also illegal for a group health plan to charge you a higher rate than other employees because you have a pre-existing condition or illness. Some will require a waiting period at the start of coverage where they will not cover any medical visits related to that condition for the first 3-6 months (12 month maximum) of your coverage. If you do not accept the insurance at your time of hire, that period can be as long as 18 months. If you have had other coverage immediately prior to your new coverage, sometimes that wait time will be waived or decreased. Insurance companies are only allowed to look back at medical claims made within the last 6 months to

determine if you have received care for your previous health condition. Look at your specific policy options for details.

- **In general, it is VERY important not to let your coverage lapse.** Plan ahead if you know you will be dropped from your current coverage soon. You never know when you might need medical care and it is MUCH more difficult to obtain coverage if you have had a lapse greater than 63 days.
- **Individual health coverage is different.** Individual health insurers ARE ALLOWED to turn you down or increase your rates because of previous health conditions. There are fewer rules here to protect the patient seeking coverage. These plans are also not required to offer you everything included in a group health plan, so look closely at what you are buying. It is possible to gain individual coverage with a pre-existing condition if you are "HIPPA Eligible," but you must meet certain criteria.

On a whole, individual coverage is much more difficult coverage to obtain. You will have the most luck if you seek out employers with group health coverage available to you.

MEDICARE

Medicare is another resource for any patient over age 18 who is working, but has either been turned down by a previous private insurance company or is unable to afford other insurance. You may have to declare disability in order to obtain Medicare before age 65. Medicare is a life-long policy that remains the same even if you change jobs or move. Medicare will not always pay for acute/primary care needs, but should cover any chronic needs related to your cancer follow-up. Medicare Part A will cover hospitalizations, emergency visits, or home health care. This portion is usually free if you qualify. Medicare Part B (an additional premium) will cover outpatient medical and doctor's visits and is recommended. It is recommended that the patient also obtain a supplementary secondary insurance plan to cover primary care needs not directly related to your long term cancer follow up. Examples of these needs are an annual check up with your doctor or visits for an acute illness such as a cold, the flu or other infection. This secondary insurance plan can be either a private plan or a state Medicaid plan such as TennCare.

In addition, after applying for Medicare it is important to also apply for Medicare Part D if you need prescription coverage, because Medicare alone does not cover any prescriptions. This can be applied for AFTER you have already been assigned a Medicare number. To determine eligibility, go to the Medicare website listed below. You can also find specific information regarding other Medicare Programs, at http://www.medicare.gov/. The local phone number for Medicare resources in Tennessee is 1-800-633-4227.

TENNCARE

There are several different TennCare plans that are based on income. Some of them require you to pay a fee based on your annual/monthly income and

others do not if you meet the state income requirements. You can find details online at www.state.tn.us/tenncare. This website lists all the different eligibility criteria but it is confusing. For the most helpful information specific to the patient, contact your local DHS (Department of Human Services) office. There is one in each county. This is the office that determines eligibility for TennCare services. For an area map and phone numbers go to www.state.tn.us/humanserv/st_map.htm. The phone number for TennCare is 1-800-342-3145.

COVER TENNESSEE

The state of Tennessee also has a new insurance plan called Cover Tennessee. Under this umbrella are 3 programs for state residents. This is a low cost program for working individuals that covers the majority of primary care and preventative health screenings. *Be sure to find out if this plan covers any medical emergencies or hospital stays. Some plans do not.* It does require patients pay a monthly premium and co-payments at the time of service.

Within the Cover Tennessee program there is a plan called Access TN. This is a program for individuals who have otherwise been denied coverage from a private insurance company due to previous health conditions. A patient must have applied and been denied coverage from 2 different insurance companies and provide documentation of this in order to apply. AccessTN is comprehensive health insurance. The benefits are modeled after the insurance plan that is offered to state employees and includes broad coverage of services that are needed by chronically ill adults. *This program cannot be used as a supplemental program for Medicare.* More information on this program can be found at http://www.covertn.gov/web/cover_tn.html or call 1-866-COVERTN.

SSI/DISABILITY INSURANCE

To Supplement Medicare or TennCare, some patients can qualify for Secondary Supplemental Insurance (SSI) if they are unable to work due to disabilities. Contact your local Department Human Services office for additional information. You can also find information regarding application for disability at www.ssa.gov.

Other Resources
National Coalition for Cancer Survivorship (NCCS) http://www.canceradvocacy.org/
NCCS: What Cancer Survivors Need to Know about Health Insurance
http://www.canceradvocacy.org/resources/publications/insurance.pdf
Health Insurance Infonet, Georgetown University Health Policy Institute: Managing Medical Bills http://www.healthinsuranceinfo.net/
Patient Advocate Foundation (PAF) http://www.patientadvocate.org/
PAF Insurance Info http://www.patientadvocate.org/resources.php?p=14 The Patient Advocate Foundation provides education, legal counseling, and referrals to cancer survivors concerning managed care, insurance, financial issues, job discrimination, and debt crisis matters. Phone: 1–800–532–5274

The American Cancer Society's Health Insurance Assistance Service aids cancer patients who have lost or are in danger of losing their health care coverage, along with identifying policy solutions to help others in similar situations. The service, a joint effort of the society and the Georgetown University Health Policy Institute, connects cancer patients and survivors who call the ACS cancer information number (1-800-227-2345) with health insurance specialists who work to address their needs. Information is not available for KY but the service can make referrals to other sources.