Your guide to health insurance with breast cancer

Your health insurance is meant to help manage the costs of your breast cancer diagnosis and treatment. Knowing what your plan covers can help you plan for expenses and get the most out of your benefits.

8 health insurance words to know

1. **Deductible:** Amount of money you pay out of pocket for healthcare services before your insurance plan starts to pay.
2. **Co-insurance:** A percentage of the bill for a healthcare service that you must pay after you've paid your deductible.
3. **Co-payments (or co-pays):** A set amount you pay for each medical service you get, such as a test or doctor's visit, after you've paid your deductible.
4. **In network:** When healthcare providers are on your insurance plan's list of approved providers and their services are covered by your plan. Also called network or preferred providers. Even if you see an in-network provider, you still may have costs to pay, such as co-pays.



5. **Out of network:** Healthcare providers who are not on your insurance plan's list of approved providers. You may have to pay a higher co-payment or co-insurance to an out-of-network provider.
6. **Out-of-pocket (OOP) expenses:** Expenses you must pay when a treatment or service is not covered by insurance or covered only in part. Includes deductibles, co-insurance, and co-payments for covered services.
7. **Preferred providers**: In-network doctors and other providers who work with your health insurance plan.
8. **Premium:** The fee you pay to your insurance company every month.

A list of additional insurance words is available on our Understanding your health insurance page.

1. Find out what your plan covers

Health insurance providers offer many plans with different coverage options. Ask your provider for an up-to-date copy of your plan and make a list of the following:

Any exclusions, including certain treatments, specialists, or prescriptions that your insurance provider will not cover.

Any out-of-pocket (OOP) costs, like co-pays, co-insurance, or deductibles. These are often found on a Summary Plan Description, a chart the insurer provides as a quick reference.

2. Know your plan limits

Part of your health insurance plan details what is NOT covered or that requires extra approval. **Call your insurer** to find out if any of these limits apply to your health plan.

Referrals: Some health plans require you to see your general or primary care doctor for a referral before you are able to see a specialist. This is either a paper form or sent digitally — ask if you need the printed form before you leave your appointment.

Specialists: Sometimes a healthcare plan will cover certain services provided by one medical specialist but not another. Find out which specialists participate in your plan.

Mental healthcare: Most insurance plans cover some mental health counseling services. Coverage is often limited to a certain number of sessions.

In-network vs. out-of-network providers: Many insurance plans require holders to see doctors in their network to pay the lowest possible fees. If you see an out-of-network provider, you will likely have to pay a higher co-pay or the whole cost of treatment.

Pre-authorization: Some insurance providers require you to get approval for a treatment or test in advance.

Prescriptions: Find out if they are covered, and if you need to get name-brand or generic medicines for insurance to cover costs.

Hospice: Most employer-based and private insurance providers offer some coverage for hospice care. Medicare Part A offers hospice benefits for people who are eligible. Some states offer hospice benefits with Medicaid. Find out what your plan covers and what criteria need to be met for you to be covered.



Call your insurer before big appointments

If you are having a procedure, imaging, a test, or another expensive appointment, call your insurer. Take notes and write down all the answers they give you.

Prepare before you call. Gather:

- Your insurance member number and group number from your insurance card
- ICD-10 code: the diagnosis code on the order from your provider
- CPT code: the numeric code for the procedure or test
- Facility and provider information: name, address, and the NPI number (you can get this from the doctor's office)
- Date of appointment and referring doctor

Ask for this information:

- Is this covered?
- Is it in network?
- What is my out-of-pocket cost?
- Is prior authorization needed?

Still overwhelmed? Ask for professional help to navigate insurance and treatment decisions if you have concerns about costs. You can find personalized help through a health insurance case manager, your employer's human resources department, or your healthcare team. Ask for a financial navigator or advocate. If your cancer center does not have one, ask for a patient navigator or social worker.

LIVING BEYOND BREAST CANCER®

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