In Treatment

Financial Guidance for Cancer Survivors and Their Families

NATIONAL ENDOWMENT FOR FINANCIAL EDUCATION

Partnering for Financial Well-Being

American Cancer Society®

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"When I think about it now, I realize I've had two lives.

The first life was before my cancer diagnosis. The second life began the day after. When the doctor said the word 'cancer,' I felt panicked and terribly alone. And yet I wasn't alone, and, in a vague way, I knew everyone was trying to help me. But I just couldn't process anything they said. It seemed like doctors talked at me, nurses talked at me, and insurance people talked at me. It all became a blur. I didn't want to believe that cancer was happening to me.

But I was lucky. My doctor, nurses, friends, and family hung in there with me. They helped me find my way through the maze of medical treatments and insurance forms.

Most importantly, they helped me understand my own feelings and to feel more in control.

I'm in treatment now, and the outlook is good. Every day I try to take small steps to help myself physically and emotionally. I try to do my best financially, too. I know my life will never be the same again. But now I feel that it is MY life again, and although I couldn't control having cancer, I can control how I deal with it."

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Facing some tough issues

If you have just been told you have cancer, you probably have a lot of worries and concerns. Many of these issues are emotional; some of them are financial. It may seem that everything is happening at once: meeting doctors and nurses, starting treatments, deciding who to tell about your diagnosis, and filling out insurance forms. It may seem overwhelming.

That's why it's important to remember that you are not alone – help is available. For example, your health care team will help guide you through the treatments you will need. Cancer support groups, as well as your loved ones, can help you understand your feelings. And financial help may be available, too.

The information shared here was prepared to help you control your finances so you can better focus your energies on your treatment and recovery. It gives general guidance to help you cope with your cancer diagnosis.

My family needs to know my diagnosis, but what about my friends?

You may be worried about how your family or friends will react to the fact that you have cancer. Talking to a counselor or oncology social worker may help you prepare to tell loved ones about your diagnosis. You can also get ideas by calling the American Cancer Society at 1-800-227-2345. It may help to find a counselor with experience helping families cope with cancer.

There are good reasons for you to tell your family, as well as your trusted friends, about your diagnosis. It takes energy to keep cancer a secret – by doing so you could end up feeling even more tired and overwhelmed. Most people will want to help, but they might be unsure of what to do. Think about what help you need, and let others provide it.

Many people with cancer, and their family members, find it helpful to attend a cancer support group. Call the American Cancer Society to find out about support groups in your area. We can also give you information about other available resources and services, as well as information about the type of cancer you have and possible treatments.

When thinking about the help you may need, don't forget about your finances. Depending on the type of cancer, your health outlook, and your financial situation, you may not be able to pay all of your expenses. If your trusted friends and the groups you belong to (religious, professional, and others) know what you're going through, they may be able to help. Some of these groups offer relief funds or emergency loans. It may be hard to accept this type of help, but realize that by helping you, your friends and family will feel as if they are taking an active role in your recovery.

Should I tell my employer?

This is a difficult and personal question. Think about it carefully. If you need to take time off work for treatments, you might want to talk with your employer so they know why you are not there. There are federal laws that may help you and protect your rights while you are in treatment.

Americans with Disabilities Act (ADA)

You may not think of yourself as disabled, but this law also protects the rights of people being treated for cancer. It applies to all employers who have 15 or more workers. The law says the employer must make a "reasonable accommodation" to allow you to do your job. In other words, the employer must arrange for any reasonable special needs you have to do your job, as long as you are able to do the essential functions of the job. This may include giving you flex-time, letting you work from home, or providing special equipment at work. The changes needed must not cause the employer "undue hardship." To be covered under this law, your employer must know about your health problem.

If you are looking for a new job, the Americans with Disabilities Act also may protect you. Employers cannot make you have a medical exam before you are hired. After you are hired, they can ask you medical questions only if they relate to your ability to do your job.

Family and Medical Leave Act (FMLA)

Under the Family and Medical Leave Act (FMLA), employers with 50 or more workers must allow employees to take up to 12 weeks of unpaid leave for a serious illness. This leave can be taken if you are sick, or to care for certain family members with a serious illness. As long as you are on FMLA leave, your employer must keep your medical insurance coverage under any company group health plan. To qualify, employees must have worked at least 1 year for the employer, and worked at least 1,250 hours during the past 12 months. Again, to be covered under FMLA, you need to tell your employer (and maybe your spouse's employer, if you are married) about your health issue.

Most employers will try to work with you while you are in treatment. Still, it's a good idea to keep careful records of all talks with your employer or the people in the benefits office. List the name of the person with whom you talk, what you talk about, the date and place you talk, and any decisions that were made. Also, keep copies of your performance reviews. Legal help is available if you feel you have been treated unfairly at work. (See "General resources" on page 20.)

If you have decided to tell your employer about your health, do your homework. First, talk with your doctor about how your treatments might affect your ability to do your job. Then, give your employer as much information as needed about your cancer diagnosis.

If you believe talking with your employer will create problems, first talk with your oncology social worker. They may have suggestions on how to help things go more smoothly.

Important financial concerns

Why should I ask others to help me with my finances?

Dealing with finances takes time and energy. While you are in treatment, it's important to focus on your recovery. And there may be times when you are simply too tired to think about money issues. Yet finances are important – especially now. You'll save yourself a lot of time and worry if you keep good financial and medical records right from the start of treatment.

A trusted loved one may be able to help you with your financial matters. This person could open and prioritize bills, read statements, find benefit checks, and so on. But don't turn over all responsibility for your finances. You need to keep control of your money.

But what if I have always handled the finances?

Maybe you have always made all the money decisions, but now is the time for you to get help. Your spouse or loved ones may need to step in when hard financial choices have to be made – especially if you are not able to make them. For example, you and your family may find yourselves short of cash and having to decide which bills need to be paid first. The answer to this type of question depends on priorities – yours and your family's. You may need your partner or other trusted family member to help you see your financial picture clearly and make some of these decisions. Involve loved ones in the financial decisions you make at this point. Include them if you meet with financial and legal advisors. This will lessen your burden so you can focus on recovery. Also, they will learn how to manage the finances and will know your wishes if, for any reason, you become unable to make financial decisions yourself.

Why should I involve my children in my finances?

Involving your children in your finances may make you uncomfortable. You may feel that, as a parent, your role has been to handle the family's money. Getting your children involved might seem like giving up some of your parental control, respect, and privacy. The age of your children will, of course, affect their level of involvement. But adult children can often provide a great deal of assistance.

Here are some things to think about:

- Young children may need reassurance that they will still be cared for no matter what kind of financial changes may come up.
- Your children probably really want to help.
- By accepting their help, they will know that you trust them.
- They can feel they're taking an active role in your recovery.
- Sometime in the future they might need to review your finances. It will be an easier task if they already are familiar with your financial matters and have had the chance to talk to you about them.

Making a financial plan

A sound plan means always planning for the worst while hoping it never happens. That's the basis for many things we do in life, such as owning car or home insurance. The insurance gives you peace of mind, knowing you are protected financially if something unexpected happens. Now that you're in treatment, it's good to plan for:

- The highest out-of-pocket medical expenses
- Travel costs
- The greatest number of hospital stays
- High prescription drug costs
- Experimental treatments that may not be covered by your medical insurance
- Home health care costs
- Having your work schedule disrupted
- Services such as babysitting, cooking, or cleaning

Some of these costs may be hard to estimate. You might want to discuss them with your doctor so you can plan accurately.

To start your financial plan, you'll need to take 4 steps:

- Estimate your expenses.
- Estimate your sources of income and benefits.
- Manage your savings and investments.
- Plan your estate.

These steps and some of the questions you may have about them are discussed in the following sections. Also, see the "Financial resources" chart on page 21. Dealing with financial issues can be hard for anyone. Cancer treatments may leave you little energy to think about money matters. Don't be too hard on yourself. It's more difficult to address some topics than others, so try to take on the easier ones first.

Step 1: Estimate your expenses.

Being in treatment may mean dealing with extra expenses. Some of these expenses may be quite high. At the same time, your income may go down if you cut back your work hours or are unable to work. By planning carefully, you'll be better prepared for these changes.

There are 3 areas where you may find your budget being stretched (these costs could include deductibles, co-pays, prescriptions, and so on):

- Out-of-pocket medical expenses
- Increased living expenses (These could include the cost of special foods or diets; changes that need to be made to your home; or professional services, such as a lawyer or financial advisor.)
- Special expenses (These costs could include anything that helps you cope with your cancer treatment, such as wigs or special cosmetics, house cleaning services, fishing trips or other pleasure trips, taking a class, and so on.)

Make a budget using numbers that are based on the maximum out-of-pocket expenses for your existing health care plan, plus something for charges above and beyond the covered expenses. This will help you be prepared for any expenses that come along. For help in making this budget, refer to the "Budget worksheet" on page 23.

Step 2: Estimate income and benefits.

Now it's time to look at what sources of income and benefits you have right now. Then, look at what sources you would have if you had to stop working. There are some financial resources to help you while you're in treatment. Find out if or how you can use or maintain these possible sources of income:

- Government-provided medical programs
- Long-term disability insurance
- Other government programs
- Credit or other loans
- Life insurance
- Employee benefits

Is medical coverage an asset?

Health insurance or medical coverage is one of your biggest assets when facing cancer. The costs paid for or reimbursed by your insurance plan may add up to a lot of money over time.

Be sure to read your insurance plan carefully as soon as you are diagnosed. If you are confused by parts of the plan, call to get answers. If your plan is through an insurance company, ask for the customer service or claims department. Do this before you submit a claim. If your insurance plan is provided by a health maintenance organization (HMO), ask for the information or patient services center. To give you correct answers, the company might ask for your plan and identification numbers, so have them ready.

It is important to be sure that any health care provider you will be seeing (usually, a doctor) is an approved provider under your health insurance plan. Some plans will pay nothing if a non-participating provider is used. Also, know that it is common for the customer service representatives of your health plan to give you information with the warning that they cannot guarantee that the information they gave you is correct. You may need to ask to speak with a claims representative to find out what is covered.

In some cases, your doctor must make a proposal of treatment and get the claims department to respond with a statement of what will be covered.

Part of good planning is knowing what is covered and what your out-of-pocket costs will be before you incur them.

What should I look for in my policy?

To evaluate your policy, it's necessary to understand a few terms: deductible, co-insurance, and co-payment.

Deductible. A deductible is the amount you must pay out of pocket each year before the medical plan starts paying a portion of the bill. If your deductible is high – say, $2,500 or more – look into whether you can lower it, but this may raise your premiums (how much you pay for the insurance). Be sure to do the math to be sure that the higher premium doesn't work out to be, over the course of a year, more than the amount of the difference in the deductible.

If you belong to an HMO, you may not have a deductible to pay. But remember that this type of plan usually does not pay if you go to doctors or hospitals outside the HMO.

Co-insurance. Co-insurance is the portion of any expense that you must pay. For example, the plan may cover 80% of the approved cost of a treatment. You would have to pay the other 20%. That is your co-insurance amount. The amount they expect you to pay varies from plan to plan.

Some plans have a "stop-loss," "breakpoint," or "out-of-pocket" limit. This is the most you will have to spend per person or family (depending on the plan) each year. For example, an insurance company may have a stop-loss of $5,000. This means that after you have paid the $5,000 in deductibles and co-insurance, the insurance company will pay 100% of the covered expenses for the rest of the year.

It's a good idea to budget for the maximum out-of-pocket medical expenses and expenses that are not covered.

Co-payment. Most managed care plans, such as PPOs and HMOs, have you pay a small dollar amount each time you go to your health care provider. The amount you are charged is called the co-payment, or co-pay. With this type of plan, you also might pay a small amount for prescription drugs. But co-pays can add up if you are seeing several doctors a week or need many prescriptions. Again, it's wise to estimate how much you will spend weekly on co-pays, then budget for these amounts.

In today's ever-changing health care plan market, many plans have deductibles, co-payments, and co-insurance. Be sure you find out how your plan works.

Will everything be covered?

At least 4 expenses may not be paid for by your medical plan, and these can be costly ones. They include prescription drugs, counseling, home care, and experimental treatments. It is also important to note that you might have to pay the portion of covered expenses that your insurance does not pay. For example, a doctor may charge $300 for a certain procedure while the insurance plan only covers $250. You might have to pay the $50 balance.

Prescription drugs. These can cost a lot, and they add up quickly. Try to get a medical plan that pays for prescription drugs.

If you're having trouble paying for prescription drugs, ask your doctor:

- Are free samples available?
- Is there a generic version or another drug that works as well but costs less?
- Is there a patient assistance program offered by the company that makes the drug?
- Does the hospital have a patient assistance fund?

Counseling. Counseling or mental health care may help you deal with the issues and feelings that can come with a cancer diagnosis and treatment. It's worth making this cost part of your budget. Counseling can help you figure out how to get your emotional life back on track.

Home care. Home care may become part of your treatment. Read your medical plan to see if or how home care is provided. Also, find out how many visits a year are covered by your plan and how many hours make up a visit. Most plans cover only skilled care, which must be medically necessary and prescribed by a doctor. The kind of home care most often needed is custodial care – someone to help with the activities of daily living. Custodial care is often covered by long-term care insurance. If the patient has long-term care insurance that covers custodial care, and needs help with activities of daily living to the extent that the plan allows, the plan may pay those expenses. Or it may pay a daily benefit instead, depending on how the plan was designed.

Experimental cancer therapy. Your doctor may recommend a treatment that isn't covered by your medical plan – for instance, a treatment that is under study (an experimental treatment). If this happens, you have a few options. Ask if the treatment is part of a clinical trial. If it is, or could be, some of the care may be free of charge.

To learn more about clinical trials, call the National Cancer Institute at 1-800-422-6273 (1-800-4-CANCER), or visit their website at www.cancer.gov/clinicaltrials. You can also find out about clinical trials that may be right for you by calling your American Cancer Society's clinical trials matching service at 1-800-303-5691, or visit their website at http://clinicaltrials.cancer.org.

Some medical plans decide whether to pay for experimental treatments on a case-by-case basis. Ask for your doctor's help when you submit paperwork about the treatment to your insurance company. It may help if the provider includes studies that support the treatment, its benefits, and its acceptance by the medical community. If your claim is turned down, ask if your medical plan has an appeals process. If you still have to pay for some or all of the treatment, negotiate for a lower cost.

Will I lose my coverage if I can't work?

If you must leave your job during treatment, you may be able to keep your medical coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). You also can use COBRA if you must cut back on your hours and no longer qualify for your company's medical plan.

For 18 months after you leave or become a part-time worker, you will be able to stay in the group insurance plan. You will have the same coverage as when you were employed. To take advantage of COBRA, you must start its coverage within 60 days of leaving your job or reducing your hours. Your employer must inform you, in writing, about the COBRA option within 14 days of the change that you made in employment (called the qualifying event).

There is a catch with COBRA – and it's a big one. You must pay for the full cost of coverage, plus up to 2% of the premium to cover administrative costs. But the cost is at the employer's group rate. COBRA applies if the company has 20 or more employees and offers a group health care plan.

If you leave your job because you are disabled according to the strict Social Security definition, you can stay on COBRA for 11 extra months. In other words, you may have the same medical plan for a total of 29 months. Also, if you leave your job for other reasons (say, simply to enjoy life), and within 60 days become disabled (according to Social Security guidelines), you can purchase COBRA coverage for up to 29 months after leaving your job. This happens to be the waiting period for Medicare. So, if you apply for Social Security as soon as you are eligible after the onset of a disability, there should be a smooth transition from your COBRA coverage to Medicare.

Many medical plans offer something called the "disability extension of benefits." This feature covers the cost of continuing to treat a disabling illness for a period of time (usually 1 year) if you lose your medical coverage. For instance, if your medical plan lapses and you are on disability, you may think you have no medical coverage. But under the extension, the medical costs of your continued treatment would be covered. You don't pay a premium during this period. But it only applies to ongoing treatment, not for any new or different health problems.

Of course, you don't want to cancel or fail to pay the premiums for your medical plan. But if you have the disability extension of benefits, you'll also have the relief from worrying for a while if you ever do lose insurance coverage.

Who will pay for my medical coverage if I'm on disability?

If you have a medical plan at work, your employer has probably been paying part of that cost. Read your benefits book to see whether your employer keeps paying the cost if you become disabled. If you have to pay the cost, know the amount so you can budget for it. **Even if it costs $800 per month, if it pays $3,000 or more each month in benefits, it may be worth it.**

My medical plan has a pre-existing condition exclusion period. What is that?

Many medical plans have a "pre-existing condition exclusion period." A pre-existing condition is a health problem that you had before you joined your medical plan. When this happens, your plan can make you wait a certain length of time before it pays. The wait is usually no more than a year. Once the pre-existing conditions clause expires, the policy will pay only for those expenses incurred after that date.

As of September 2010 for children and starting in 2014 for adults, the new health care law does not allow insurance companies to deny coverage for pre-existing conditions when writing new policies. But some "grandfathered" plans are still covered under the old rules. Ask your insurer when your employer's health plan started to learn if the new requirements apply or if the plan is grandfathered. If you have a plan with exclusion periods, there are rules that may help you. For example, in most states, if

you have met at least 1 of the following conditions, then an exclusion period doesn't apply to you when signing up for a new medical plan:

- You have had medical coverage for 18 months, and you have not had a break in health coverage of 63 consecutive days or more.
- You have already met a pre-existing condition exclusion period, and you have not been without health coverage for 63 or more consecutive days.
- You have not had a break in health coverage of 63 days or more.
- You haven't gotten (or been recommended to get) a diagnosis, treatment, or medical advice for a health problem within the 6 months immediately before you became eligible to enroll in your new medical plan.

The medical plan exclusion period rules vary from state to state. And the new health care law does offer new options that may help you. Contact your employer's human resources department or your plan administrator to find out what rules apply to you.

Consider the following examples:

- Carmen is being treated for high blood pressure. Her medical plan was provided through her job, where she had worked for 5 years. Carmen took a new job and joined their medical plan within 30 days. Would Carmen's medical plan make her wait before paying the cost of her pre-existing condition?

  No. Carmen only went without medical coverage for 30 days. Also, she already had met the exclusion period with her old employer so she wouldn't have to complete another waiting period.

- William graduated from college 4 months ago. He does not have any medical coverage, although he takes medicine for asthma. He just got a job offer from a big company with good benefits. The medical plan has a pre-existing condition exclusion period. Will William have to wait before the medical plan would pay the costs of his asthma treatment?

  Yes. William had been without health coverage for more than 62 days before joining the health plan at his new job.

- Vanessa has had diabetes since childhood. She worked at a company for 6 months before it went out of business. During those 6 months, she paid the expenses related to her diabetes out of her pocket because the company had a medical plan with a pre-existing condition exclusion period of 1 year. Vanessa got work right away with a new company. Their medical plan also has a 1 year pre-existing condition exclusion period. Will Vanessa have to wait a year before the new company's medical plan helps pay for her diabetes expenses?

  No. Vanessa gets a credit of 6 months from her old job. Now, she'll only have to wait 6 months before her medical plan will pay.

What if I don't understand my medical coverage?

If you have any questions about your medical coverage, call the company providing it directly. Be sure you speak with a supervisor and also get an explanation in writing. They may tell you to talk to your human resources department at work. These professionals are responsible for understanding your benefits. Still, it is a good idea to verify what they tell you and get the information in writing and signed by a supervisor. Share this information with your health care providers. Your providers, including doctors, therapists, and pharmacists, may not be familiar with your medical coverage. Sharing any information you get will help them help you.

Your hospital may have a financial aid counselor, oncology social worker, or patient advocate who can help you make sense of your medical plan. Limit your questions to your medical plan. Save other finance-related issues for someone who is an expert in those areas.

Your medical plan may require you to submit claim forms. The claim form usually is easy to complete, but if you have many claims to submit, it is wise to have a system for keeping track of them. Submit your claims

as soon as possible so you can be paid back quickly. Keep careful track of what has been paid and what hasn't. Check all doctor, hospital, and lab bills to be sure they are correct.

Can I get medical coverage now?

If you don't have medical coverage, find out if you qualify for COBRA. COBRA serves 2 purposes. First, it can extend your prior employer's health care coverage (this was discussed earlier). Second, it can help you qualify for a private health care plan. For example, if you stay on COBRA until it runs out, you cannot be turned down to buy a private health care plan. Also, the health care plan provider cannot make you prove insurability or make you face a pre-existing condition exclusion period. Make sure you buy the private plan within 62 days from the date that COBRA runs out.

What should I do if I don't have medical coverage?

Even without medical coverage, there still may be some options for you. If you are able to keep working, you may want to think about getting a job with a large company that offers good benefits. Read their medical plan's policy about pre-existing conditions. If that's not an option, you may qualify for Medicaid, Medicare, state-mandated insurance programs, or other government-provided programs, such as veteran's benefits through the US Department of Veteran Affairs or the Hill-Burton Program. Also, check with your local county hospital and find out what services it provides for people without medical coverage.

Medicaid. Medicaid is a government program that covers the cost of medical care. To get Medicaid, your income and assets must be below a certain level. Not all health care providers accept Medicaid. This might limit your choices and, possibly, your quality of care.

Medicare. Medicare is another government program that pays for medical care. It is available only to people who qualify for Social Security benefits. If you are not 65 or older, you must meet a very strict definition of disability to qualify. Many health care providers do not accept Medicare. This will limit your choice of health care providers. It also has limits to its benefits.

Once you apply for Social Security Disability Income (SSDI), the Medicare eligibility clock starts running. After 24 months of disability, you will qualify for Medicare. This is the same Medicare that a person receives at age 65. But if you are disabled, you may get it sooner.

Health insurance marketplaces. The new health care law requires each state to set up an online health insurance marketplace where people can compare health plans and decide which one is best for them. The law also provides financial help to low- and middle-income people and families who can't afford to buy health coverage through their state's health insurance marketplace, and requires that most Americans buy health insurance or pay a penalty along with their income taxes.

As of 2014, each state has a health insurance marketplace (sometimes called a health insurance "exchange") that offers consumers a one-stop shop online or through a toll-free phone number. There, they can compare health insurance plans by benefits, quality, and price. Information about prices and what a plan covers will be written in simple terms that are easy to understand. A person will be able to enroll in their chosen marketplace plan online, by phone, by mail, or in person.

People will not have to buy health insurance from the marketplace, but it will be the place to go if you're looking for cost reductions and tax credits to help pay for insurance. Most employed people who get insurance through their employers are likely to keep it that way, so their situation may not change much.

If you are under 65 and can't get health coverage through your employer or Medicare, you may be able to buy a health plan through your state's health insurance marketplace. Low- and middle-income people and families can get financial help (through the health insurance marketplace) to help them afford a plan sold on their state

marketplace. People with health coverage through work whose health care premiums are too high compared to their income may also be able to buy coverage through the marketplace.

Veteran's benefits. If you are a veteran, you may qualify for benefits from the government. Veteran's medical benefits are changing, and there are decreasing numbers of veteran's medical facilities available. To get correct information, it's best to call the US Department of Veteran Affairs at 1-800-827-1000 (connects you to the local office).

Hill-Burton Program. A number of hospitals and other medical facilities get money from the federal government so they can offer free or low-cost services to those who are unable to pay. This is called the Hill-Burton Program.

Each medical facility chooses which services it will provide at no charge or reduced cost. Services covered by a government program – such as Medicare and Medicaid or by some other health insurance policy – aren't eligible for Hill-Burton coverage. But Hill-Burton may cover services not covered by other government programs.

Eligibility for Hill-Burton help is based on family size and income. Income is your actual income for the past 12 months, or your past 3 months' income times 4, whichever is less. You can apply for Hill-Burton assistance at any time, before or after you receive care.

To find a Hill-Burton facility in your area, visit the program's website at www.hrsa.gov (search "hill-burton") or call 1-800-638-0742; Maryland residents call 1-800-492-0359.

After you find a Hill-Burton facility, the Admissions, Business, or Patient Accounts office can tell you how to apply for Hill-Burton assistance.

To find out which public, private, or community health insurance programs best meet your needs, please visit the Find Insurance Options tool on the US Department of Health & Human Services' website at http://finder.healthcare.gov/. This tool was created to help consumers under the new health insurance law. You can also call your American Cancer Society for answers to your insurance questions.

I'm on Medicare. Can I get more medical coverage?

If you are on Medicare now, you may be able to add more coverage with a Medigap policy or a Medicare HMO. There are advantages to getting an add-on policy within 6 months of going on Medicare: within that time, you don't have a pre-existing condition exclusion period, and you do not have to prove insurability. If you add coverage after the first 6 months, you will likely have to prove insurability and face a pre-existing condition exclusion period.

Medigap. You can buy a Medigap policy to provide more coverage. There are 12 Medigap policies. These plans are identified by the letters A through L, and all meet federal standards. All 12 plans are offered in all 50 states. The plans are standardized, which means that the benefits in Plan C are the same in Maine from ABC Insurance Company as they are in Hawaii from DEF Insurance Company.

Plan A is the core plan. The next 9 all include the features of Plan A, plus other benefits. Plans K and L have slightly different coverage, and they have lower premiums combined with higher out-of-pocket costs. But not all insurance carriers offer all 12 plans. Check with several companies to see which plan offers the benefits you need at a price you can afford. The differences between insurance companies offering the same plans are the price and the level of customer service.

Medicare options. In addition to the original Medicare plan, there is Medicare Advantage, which expands the range of medical services available. If you have a Medicare Advantage plan, you may not purchase a Medigap policy unless you share in writing that you already have a Medicare Advantage plan. Medicare also has a prescription drug program called Medicare Part D. If you have original Medicare or one

of a few other options, you have the option of also purchasing a drug plan. The plan provides certain drugs at a discount. If you have a Medicare HMO or PPO, that plan will include prescription coverage. Some of the Medicare options include:

- Health Maintenance Organization (HMO). In a Medicare HMO, you go only to the doctors and hospitals it includes. In an HMO, your primary doctor must approve most services before you receive them.
- Preferred Provider Organization (PPO). In a PPO, you choose doctors and hospitals from a network. The medical providers who agree to become part of the network charge lower fees to plan members than non-plan members. You will generally have a small co-pay for each visit.
- Point of Service (POS). A POS plan combines the features of an HMO and a PPO, but is less restrictive. You can choose doctors and hospitals outside the network, but your costs will be lower if you stay within the network.

Before choosing one of the managed care forms of Medicare, read through the plan to be sure you'll be happy with your choice of doctors and hospitals. To learn about the various Medicare options, check with your state's insurance commission, review various consumer-oriented publications, or visit the Medicare website at www.medicare.gov. Do these same things when choosing a Medicare prescription plan.

I have too much money to qualify for Medicaid. Should I give my assets away?

No. The objective is to manage your finances so you will have control over your health care. Your main concern should be to get the best quality care. That quality may be reduced if you are limited to only Medicaid providers. You'll need to have enough money to pay for your medical expenses until you qualify for Medicare and can buy a Medigap policy or choose a Medicare Advantage plan.

Also, anything you give away for up to 3 to 5 years before applying for Medicaid is still counted toward your assets. So, giving away assets could delay qualifying for this program.

Medicaid and Supplemental Security Income (SSI) should be considered an option only if you have few assets or your assets are gone. Consider talking to a lawyer who specializes in Medicaid planning before applying for benefits.

How can long-term disability insurance help?

No matter what kind of a job you have, you probably have a strong commitment to work. It may be hard to think about not working. But for now, make your health your top priority. This may mean going on disability to take care of yourself. When you add up the time you spend setting up appointments, getting treatment, filing papers, and dealing with insurance and reimbursement, you may find that it takes a large chunk of your day. When you try to keep home and family activities in your life, you may find that there just isn't enough time to care for yourself and work a regular job.

You can look at this time as a chance to do some of the things you have wanted to do, but were too busy. While in treatment you may be able to spend more time with family and friends, take up a hobby, or catch up on your reading. Or you may need to spend time doing physical therapy, exercising, getting some group support, or doing other things to feel as good as you can during treatment.

Find out if you have "long-term disability insurance." This type of insurance usually gives you 60% to 70% of your base income. But not everyone has this coverage. If you don't have disability insurance and you qualify for Social Security Disability Income (SSDI), you may qualify for Supplemental Security Income (SSI) benefits. These benefits are discussed later.

Some employers offer group long-term disability insurance as a benefit to their workers. Individuals can also buy policies. If you have this type of insurance, read the policy carefully. Look closely at the following:

Definition of disability. Definition of disability. How does the policy describe

"disabled?" It may be very liberal or very restrictive. Do you qualify for benefits?

Monthly benefit amount. Benefits vary. If it is an employer plan, it will likely pay you 60% to 70% of your income. If you bought a private policy, the benefit will be the amount you chose.

Benefit period. How long will the plan pay a benefit?

Waiting period. How long must you wait after the disability starts before you get a check? It helps to know this. Then you can think about ways to make ends meet until your first disability check comes. A 60-day waiting period usually means that you will get the first check about 90 days after the onset of the disability.

Residual or partial disability. Your policy may allow you to work part time and collect part of the benefit. The policy also may allow you to return to work on a part-time basis after being on disability and not lose your entire benefit.

Social Insurance Rider. If you purchased a disability policy on your own, see if it has a Social Insurance Rider. The rider will pay you additional benefits unless and until you receive government benefits, such as Social Security Disability Income.

For example, say your policy would pay you $700 a month once you qualify for benefits. Let's also say your policy has the Social Insurance Rider. The rider would pay you an additional $200 a month. You must then apply for Social Security benefits. If you get turned down, the extra $200 per month would continue. So your total monthly benefit would be $900. What happens if you are approved for Social Security benefits? Then, you wouldn't get the $200 from the rider. The government benefit amount is usually subtracted dollar for dollar from the rider amount up to the amount of the rider.

Taxability. If you paid the premium for your insurance, the benefit is income tax free. If your employer paid the premium, the benefit is taxable. This may have a big impact on your cash flow. Be sure you understand how your policy works.

Coordination of benefits. If your employer pays for your plan, your disability check may not always be 60% to 70% of your wages. This happens when you also are getting money from Social Security or another program.

For example, say you earn $1,000 a month and your company's disability plan covers 70% of your wages. You should be able to receive $700 a month in disability benefits. But also say that you're getting $200 a month in Social Security benefits. This $200 is subtracted from the $700. Your disability check would now be $500. You'll need to remember this when making your budget. If you bought a personal disability policy, this information does not apply.

For disability policies that you bought for yourself, the rules are different. Once you meet the plan's definition of disability and wait for the end of the waiting period, you will be paid a specific amount, say $700 a month. If you are getting $700 from the insurance company, as well as $200 per month in Social Security benefits, your total monthly income is $900. A personally owned disability policy usually offers a more liberal definition of disability. It is fairly common to qualify for benefits from a disability policy but not for Social Security disability benefits.

Long-term disability insurance is a valuable employee benefit. If you change jobs, you may lose this benefit. Most companies won't let you convert an employer plan to a private plan. So if you're in treatment and your company provides this benefit, think twice before leaving your job for any reason other than disability. But if you are receiving benefits when you leave that employer, your benefits for that disability will usually continue as if you were still employed there.

Are there any government programs I could use if I become disabled?

If you become disabled during treatment, 2 government programs may provide a monthly income for you: Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). To qualify for either program, you must meet the Social Security Administration's very narrow definition of disability.

Supplemental Security Income. If you have not worked much or if your income was very low before you became unable to work, you may be eligible for SSI. To get SSI, your income and assets must fall below a certain level. This level and the amount you could get from SSI vary from state to state.

Social Security Disability Income. Maybe you've been working for many years. Money has probably been taken out of your paycheck for Social Security. In this case, you may qualify for disability benefits. If you get turned down, re-apply. Many cases end up being approved after an appeal. But don't count on Social Security benefits for your immediate needs. Even if your claim is approved, benefits will start at the sixth full month of disability, so you will not get a check until 7 months after you've been approved. (Payment is made in the month following the month in which they're due.) And it may take a long time to approve a claim. It can take several months – or even a year – before a decision is reached.

Your income has nothing to do with whether you qualify for SSDI. To find out how much you could receive from SSDI, fill out Social Security Statement Request Form-7005. Call the Social Security Administration at 1-800-772-1213 to order this form, or visit their website at www.ssa.gov.

Should I use credit or take out a loan?

While you're in treatment, using credit can be a good option if you are in a "cash crunch." But you will want to use credit very carefully and only when necessary.

Make sure you have access to credit. Let's say your doctor recommends an experimental treatment, but your medical plan won't pay for it. You could find credit helpful to pay for this cost if you can't find another way to cover it.

Sometimes there is a lag between the time you submit an insurance claim and getting the claim check. During that time, you may need to pay your doctor bills with a credit card. You can pay off the credit card after you get the claim check (reimbursement).

You'll want to have access to as much credit as possible. But, first, get a clear picture of your credit profile. Ask for copies of your credit report from the 3 major credit reporting agencies. (See "General resources" on page 20.) Review them carefully and correct any mistakes on these reports as soon as possible.

Perhaps you already have credit card debts or other loans. And you probably have regular monthly expenses. This is a time to talk with credit card, mortgage, and utility companies and try to negotiate smaller monthly payments. Services such as CredAbility (formerly known as the Consumer Credit Counseling Service) can help you with this. Your local CreditAbility office is listed in the business section of the phone book. Your goal should be to make sure you have enough money to cover your medical bills. Also, some loans may not have to be repaid while you're on disability. Review your loan agreements. (Note: Not all credit counselors are the same. Be sure to use CredAbility, which is a non-profit operation often supported by the United Way.)

You might also want to try to get overdraft protection on your checking account – just in case you do run into some problems that you don't expect.

Another option is to ask a relative for a loan. There are some advantages to this type of loan: no credit check and, typically, a small interest rate. The main disadvantage is that you will be in debt to a relative. Still, a loan from a relative can be set up in a way that avoids bad feelings later. Here are some tips on how to avoid family conflict if you need to turn to a family member for a loan to pay some of your medical expenses or bills:

- Be realistic about repayment. Asking for a loan implies that you intend to pay the money back. Don't ask for a loan if you doubt you could ever repay the money. Many family loans are never repaid, which often leads to feelings of bitterness and betrayal. If you don't think you could repay a loan, it would be better to ask for a gift instead. Anyone, including a relative, can give a gift of up to $14,000 each year without having to file a gift tax return or pay a gift tax. Married couples can give up to $28,000 a year without paying a gift tax. Also, anyone can pay the medical bills of someone else without being subject to the gift limit – if the payment is made directly to the medical provider.
- Choose the right relative to loan you the money. When some people lend money, they feel they have the right to influence the borrower's personal decisions. This "influence," no matter how well intended, can create personal stress and family conflict.
- Ask only those relatives who can afford a loan. Don't expect relatives to get cash advances from credit cards or other sources to loan you money.
- Expect to pay some amount of interest. The relative lending you money is, to some degree, making a financial sacrifice. For example, the money going to you may have been intended to pay for a college education. The relative should get some return on their money. Also, there are federal tax implications if the person making the loan charges an interest rate below the minimum federal rate. The tax laws in this area are complicated, and there are exceptions. Still, it's a good idea to pay at least the minimum federal interest rate on a family loan. To find out the appropriate federal rate (called the Applicable Federal Rate), contact the IRS or a tax advisor.
- Put it in writing. State the amount of the loan, interest rate, and repayment schedule. Even if the relative lending you the money doesn't think putting the agreement in writing is necessary, do it anyway. It will show your intent to treat your relative fairly. It will also provide proof for the relative that a loan was made. Then, if you're unable to repay the loan in full, the relative can take the loss off their taxes

Waiver of premium. Your life insurance policy may include something called a "waiver of premium." This generally means the policy's premium is paid by the insurance company if you become disabled. This could save you a lot of money and keep your policy in effect. Read your policy or call your insurance company to see if you have this feature and how it works.

What happens to my credit card balances if I become disabled or die?

When using credit, consider applying for "credit life" and "credit disability." These are types of insurance. If you already have credit, you may be able to get this insurance simply by calling the credit card company or lender. If you die without this protection, the money from your estate first will go to pay off these debts. Any remaining estate funds then would go to your heirs.

Credit life. Credit life insurance pays off the balance on a credit card or loan if you die. It is very simple to get credit life insurance on a credit card if you have a fairly good credit history. Few credit card companies ever ask you medical questions. But larger loans – like mortgages and car loans – can be hard to insure because an insurance company will want to know more about your medical history.

Credit disability. Credit disability insurance makes your minimum monthly payment for you in a period of time, usually a year. Generally, you don't have to prove your ability to be insured. But there is often a pre-existing condition exclusion period, which usually is 6 months. To get the benefit, you must have the coverage for 6 months before becoming disabled from a pre-existing condition. If you became disabled during the first 6 months, credit disability would not pay.

The amount that you would pay for these types of insurance is based on how much you owe, and it changes monthly. If you owe a large amount, the insurance could cost a lot.

Most financial advisors do not recommend these insurances for the average consumer. But, for someone being treated for cancer, they are options to think about.

How can life insurance help with my expenses?

If you have "whole life" insurance, you may be able to use it as a source of cash now or at some time in the future. (Term life insurance does not offer this option, since it only pays if you die.)

Using your life insurance while you are alive may not be a good idea if you have a family to support. That's probably why you got the insurance in the first place. Take time to review the whole situation – your state of health, and the best time and way to use your insurance benefit. Before making a decision, get professional financial advice. There are different ways to draw money from your life insurance, but some can leave you with debts. Each method of getting cash can affect the financial well-being of you and your family, and it is important to understand exactly what you are getting into.

Loans. You may be able to use your life insurance as the basis for getting a loan from the insurer or a lending institution. A loan from the insurer will only have to be paid off at death or ultimate surrender of the policy. A loan from a bank will require regular payments. If you intend to apply for a program such as SSI (where your income is used to judge your eligibility), a loan is a good idea. The money from the loan isn't counted as part of your total income.

You also may be able to borrow against your life insurance policy through a viatical company. These are available to most people who are diagnosed as terminally ill. Repayment is often delayed until the death of the borrower, and the interest charged is likely to be high. But loan proceeds can be set up so that you could still qualify for government programs like SSI. It's important to use the loan proceeds to pay for medical costs. If the money is used to add to a bank or savings account, you may not qualify for other programs. Again, you may want to talk with a financial professional before you sign anything.

Accelerated death benefit. Your life insurance company may offer a pre-death payment. This can be done when life expectancy is less than 1 or 2 years. Check with your insurer to see if your policy has this provision. Be aware that getting accelerated death benefits may keep you from qualifying for some government programs. Some companies will allow you to add this benefit even while the insured is terminally or chronically ill.

Viatical settlement. You may be able to sell your life insurance policy to a company for a percentage of its value. This is called a viatical settlement. A life expectancy of 2 years or less usually is required. The amount of money you could get is based on your life expectancy – the shorter it is, the larger the amount. The money you get from this settlement could keep you from qualifying for some government programs. Ask the company and your tax advisor about possible tax consequences and how a viatical settlement might affect any public assistance benefits you could get. Some states require viatical settlement companies to make these disclosures and tell you about other options that may be available from your life insurance company. But the viatical funds are tax free if the rules set forth in the Internal Revenue Code about terminal illness are met.

Cash value life insurance policy loans. Cash value life insurance may be a source of emergency cash. If you have this type of policy, you may be able to get a loan on the cash value or even withdraw some of the cash. Getting expert tax and insurance advice is suggested, since there could be tax issues. Also, know that the type of insurance that most employers provide to their workers is "term life insurance," not cash value (also known as permanent or whole life) insurance.

Life settlements. A growing method of raising money is through selling your life insurance policy, called a life settlement. This is different from a viatical sale in that

the insured does not need to be terminally or chronically ill. A life settlement company will consider the health of the insured, the age of the policy, and the premiums to be paid on the policy to determine a value. This amount will often exceed the cash value of the policy, and will be less than a viatical agreement since the life expectancy of the insured is typically longer. This should only be considered as a last resort as it will take away the life insurance death benefit for survivors.

If I do not have life insurance, is it too late for me to get it?

You may be able to buy some types of life insurance, such as "guaranteed" or "simplified issue" life insurance. These policies may require only limited information about your health. But the cost will be high. Also, these policies usually have time periods before they would pay a full death benefit. For example, some policies say that if you die within 2 years of buying the policy, your beneficiaries would not receive the death benefit. Instead, they would get a refund of the premiums paid. If you die after the 2 years, the death benefit would be paid.

Guaranteed and simplified issue life insurance policies usually can be sold for cash, called a viatical settlement. But due to the high premiums paid for these policies, the settlement will be lower than for policies purchased earlier and with full underwriting. Also, the policy must have been in place long enough to pay the full death benefit.

Are there other employee benefits that can help me?

If you are working, or have just left your job, carefully read through all employee benefit information. While you are in treatment, it's important to know about and use all the benefits that will help you recover and improve your quality of life.

Short-term disability. Some states require employers to provide a short-term disability benefit. (A short-term disability is defined as one lasting up to 6 months or even up to a couple of years.) But even if your state does not require this, your employer still may provide coverage. This helps to cover the waiting period after your disability starts but before your long-term disability starts to pay.

Sick leave. Some employers have a sick-leave benefit that provides for a certain number of days of leave each year. The amount often is based on years of service. These benefits may give you full pay during some or all of the sick-leave period. Some employers also have "sick-leave banks," which are designed to provide extended benefits for ill employees. Some have programs where employees can donate some of their sick leave days to other employees suffering from an extended medical problem.

Retirement plans. Retirement may not be the first thing on your mind right now. But retirement money can be a way to pay for treatment. Continue to put money into your plan, if possible. This gives you tax benefits, and the money usually is available if you leave your employer. You also may be able to get some of the funds if you are still employed and meet certain conditions spelled out in the plan, called "hardship provisions."

Before you take the money out of your retirement plan, think carefully. If your long-term health outlook is good, you might need these funds to live on when you retire. Also, there are many tax issues to consider. For example, any amount you withdraw becomes part of your taxable income. Your decision likely will affect your entire family. Talk with a trusted loved one and, perhaps, a financial expert.

Life insurance. Many employers provide some amount of life insurance. If you have made the decision to leave work, you should be able to continue the policy. Usually, you have only 31 days from the time you leave work to convert the policy to an individual cash value (permanent) policy. You also may be able to buy more insurance on this policy while you are still working, without proof of insurability. If so, get as much coverage as you can.

Step 3: Manage your savings and investments.

You may have money invested in certificates of deposit (CDs), Treasury bonds, mutual funds, or common stock. Some investments are easier than others to turn into cash. During cancer treatment, it's important to have money handy to pay medical bills, as well as your regular day-to-day expenses. Remember that any profit from the sale of stocks and some bonds will be part of your taxable income.

Try to have 6 months' to a year's worth of regular and medical expenses put in investments that you can easily convert to cash. These include money market accounts at a bank or a money market mutual fund. Generally, these are seen as investments with little risk, so the money should be there when you need it. To help decide how much you should set aside for expenses, use the "Budget worksheet" on page 23.

Dealing with cancer often means changing your priorities. This includes your approach to investing. Before you had cancer, you probably thought about getting a high return on your investments. But increased return means increased risk. This is not the best time for risk. It's also not the time to think about long-term growth. Right now, your focus should be on your short-term needs and those of your family. Avoid having your money in riskier (or growth-oriented) investments. Instead, choose short-term and limited-term investments that can provide income.

Step 4: Plan your estate.

You may think you don't have an "estate" but don't be too sure; this is a highly misunderstood term. Everything you own is part of your estate. This includes your house, car, personal belongings, and jewelry. An estate also includes your life insurance policies, retirement funds, and savings.

Estate planning is important for everyone, but hard for some people to face. Sometimes people feel that if they plan for their death, they've given up on life. This is not true. Instead, estate planning can give you peace of mind that your intentions will be carried out, which in turn can help you focus on your treatment. Take care of this part of your financial planning as soon as you are able to focus on it.

Estate planning is the step in the process that allows you to be in control of your money at all stages of your life. It is also the step that allows you to maintain control over your health care.

What planning documents do I need?

It is recommended that you have these documents prepared:

- A will
- A durable power of attorney
- A health care proxy
- A living will (possibly)

A will. Everyone needs a will. Your will directs how and to whom your assets will be distributed. You also use your will to name a guardian for your minor children and their assets. If you have children from a prior marriage, this is especially important because if you don't have a will you can create serious financial problems for your current spouse.

Durable power of attorney. A durable power of attorney allows you to name who will handle your finances if you are unable to handle them yourself.

Health care proxy. The health care proxy allows you to name a person who will make decisions about your health care if you become unable to make them yourself. This document may be called a medical power of attorney or health care power of attorney in some states. While the health care proxy has to do with health care, not money, it is an important part of your plans for the future.

Living will. The living will allows you to specify the types of medical treatment you would want or not want if the time comes that you are not able to communicate these choices.

If possible, discuss your estate planning needs with an estate lawyer. They can draw up the documents. Depending on your finances, you may need to set up trusts. Trusts may help protect your assets from probate costs, public disclosure, and family arguments.

If your finances are simple, the documents could be drafted at a legal clinic or by a non-profit group. Call the American Cancer Society at 1-800-227-2345, for names of organizations that can help you.

After your documents are in place, it's a good idea to review them from time to time. Check to make sure the information is current and still reflects your wishes.

If you decide to go to a financial planner, make sure they have worked with clients who have had cancer or other serious illnesses. Someone in treatment needs to handle money differently from other people. See the booklet called *How to Find a Financial Professional Sensitive to Cancer Issues*, available through your American Cancer Society.

If you have legal questions, work with a lawyer who specializes in your area of concern, such as insurance law, estate planning, or employment. Again, this legal advice may be available free of charge. Check with a legal clinic or legal aid office in your area or a non-profit cancer support organization.

Where can I go for answers about how to apply for government programs?

Social workers or case managers at hospitals or cancer support organizations, such as the American Cancer Society, usually know a lot about government programs and ongoing changes in the health care laws. Patient advocates or financial aid counselors in a hospital also may be able to help. But their financial knowledge is usually limited to this topic and maybe also medical insurance. You may not want to get information from them beyond these topics.

I'm having trouble with debt. Is it too late for me to do something about it?

It is never too late. If you are in trouble with debt, call your creditors and explain your situation. Many creditors will understand and will work with you. Your medical expenses, rent or mortgage, utilities, and taxes should be at the top of your bill-paying list. Negotiate for lower payments.

Few people really know where all their money goes. Before you use the "Budget worksheet" on page 23, track how you spend your money for a month. Include everything, no matter how small, except your medical bills. At the end of the month, look at how you spent your money. Maybe there are areas where expenses could be lowered.

If these ideas don't work, or if you need help working out lower payments with creditors, contact a non-profit consumer credit counseling service. They will help you work out a budget and will work with your creditors to come up with a plan. Check in the business section of the phone book for the number.

Should I consider bankruptcy?

If all else fails, filing for bankruptcy is an option. If bankruptcy becomes necessary, get professional help. Bankruptcy is a complex legal area that can affect you long after you file. It's best to work with a lawyer who specializes in bankruptcy law and can help you understand all the issues. Advice also may be available at a legal clinic or through a non-profit cancer support organization.

When should I start?

Your financial health, like your physical health, benefits if you take care of the important issues early. You may feel overwhelmed right now, but you can do it. Remember to ask a trusted loved one for help. Approach your finances as something that must and can be dealt with. When you have taken the steps to put your finances in order, you will have a greater sense of freedom so you can focus on getting well.

General resources

Assistance organizations

The American Cancer Society can give you current information, print materials, and guidance about cancer issues. We can also give you information about other cancer organizations that might be able to help you. No matter who you are, the American Cancer Society can help you stay well and get well. Call 1-800-227-2345 anytime, day or night, or visit us on the web at www.cancer.org for cancer-related information and support.

Other community organizations:

Local social services offices may offer general assistance to those who meet low-income requirements. Check your phone book for agencies in your area. You can also ask any of these organizations for other referrals.

AARP
Toll-free number: 1-888-687-2277
(1-888-OUR-AARP)
Website: www.aarp.org

CancerCare
Toll-free number: 1-800-813-4673
(1-800-813-HOPE)
Website: www.cancercare.org

American Childhood Cancer Organization
Toll-free number: 1-855-858-2226
Website: www.acco.org

Leukemia and Lymphoma Society
Toll-free number: 1-800-955-4572
Website: www.lls.org

National Cancer Institute
Toll-free number: 1-800-422-6237
(1-800-4-CANCER)
Website: www.cancer.gov

National Association of Insurance Commissioners
Phone: 816-783-8300
Website: www.naic.org

For access to your state department of insurance, which can give you specific info for your state

Susan G. Komen for the Cure
Toll-free number: 1-877-465-6636
(1-877 GO KOMEN)
Website: www.komen.org

The United Way
Find your local chapter in the phone book, or check online at www.unitedway.org.

Credit reports

Apply for credit as soon as possible, but first check your credit profile. Go to www.AnnualCreditReport.com for your free report. You can also contact the 3 major credit reporting agencies directly to find out how to get a copy of your report from each.

Equifax
Toll-free number: 1-800-685-1111
Website: www.equifax.com

Experian
Toll-free number: 1-888-397-3742
Website: www.experian.com

TransUnion
Toll-free number: 1-800-888-4213
Website: www.transunion.com

Find a financial planner

Refer to our booklet called *How to Find a Financial Professional Sensitive to Cancer Issues*, which you can get by calling 1-800-227-2345.

Job discrimination protection

For information about protection against job discrimination, call the Equal Employment Opportunity Commission (EEOC). Find the office nearest you by calling 1-800-669-4000 or go to www.eeoc.gov.

Medicare information

If you have questions about Medicare, call the Medicare hotline at 1-800-633-4227 (1-800-MEDICARE) or visit www.medicare.gov.

Financial resources

Sometimes financial resources can affect other benefits you receive depending on many factors, as outlined in the chart below. Make sure you know the impact of the various options.

Health care resources	Issues
Medical insurance	Must continue paying premiums
COBRA	18- to 36-month extension of group health benefits Must pay premium
Hill-Burton Program (low- or no-cost health care) 1-800-6380-0742 (in Maryland, 1-800-492-0359) www.hrsa.gov (search "hill-burton")	Must use Hill-Burton facilities Not all services are available Eligibility based on family size and income (income below current poverty guidelines) Only a limited number of Hill-Burton facilities nationwide
Medicare 1-800-633-4227 or 1-800-MEDICARE www.medicare.gov	Eligibility based on eligibility for Social Security benefits or Railroad Retirement benefits, and certain other health problems Must pay for part B of program
Medicaid (contact state office) www.medicaid.gov	Eligibility based on family size, assets, and income
Affordable Care Act or Patient Protection and Affordable Care Act (PPACA) www.healthcare.gov	New benefits are provided by the PPACA of 2010. Benefits include helping more children get health coverage, ending lifetime and most annual limits on care, and giving patients access to recommended preventive services without cost-sharing.
Veteran's Benefits 1-800-827-1000 to be connected to the local office www.va.gov	Service-connected problems generally are covered. May require low income for certain benefits May require some deductibles

Long-term care benefits	Issues
Long-term care insurance	Must pay premiums (usually not required when receiving benefits) May create income tax obligation May affect qualifying for government benefits Must meet definition required for benefits (usually federal definition for chronically ill)
Hill-Burton Program	See "Health care resources" above.
Veteran's Benefits	See "Health care resources" above.
Medicaid (state program)	Eligibility based on family size, assets, and income
Accelerated death benefits (some life insurance policies)	Must be terminally or chronically ill (contact insurance company) May create income tax obligation May affect qualifying for government benefits Must meet definition required for benefits (federal definition for chronically ill, or more restrictive)

Sources of income	Issues
Disability income insurance	Must pay premiums until the insurance company allows you to stop May affect qualifying for government benefits Must meet definition of disability as defined by policy
Reverse mortgage	Creates income tax obligation Lender makes payments to the borrower. Loan is repaid after last remaining borrower leaves home. May require payments over time Must be a homeowner age 62 or older May impact some government benefits Requires mandatory counseling Should be reviewed by competent advisor – careful research may be needed to avoid losing too much in fees and interest.
Social Security 1-800-772-1213 www.socialsecurity.gov	Must be disabled or retired May create income tax obligation May affect qualifying for other government benefits
SSI (Supplemental Security Income) 1-800-772-1213 www.socialsecurity.gov	Must be disabled, over age 65, and/or blind Must meet income restrictions May affect qualifying for other government benefits
Temporary Aid to Needy Families	Must meet low-income guidelines May require disability May require employment history

Sources of lump-sum cash	Issues
Assets (sale of stock, real estate, etc.)	May create income tax debt May affect qualifying for government benefits
Home Equity Loan (may be lump sum or line of credit)	Home is put at risk. Must have equity in home Must make regular payments Must pass credit check
Family/Personal Loan	Requires repayment May strain family relationships May require collateral
Whole Life Insurance Policy Loan (from a life insurance company)	Death benefit is reduced by the amount of the loan and accrued interest. Policy must have "cash value." Must generally continue premium payments
Block Grants (funds given to states by the federal government to run programs within defined guidelines that provide services)	Must meet family income limits May affect qualifying for government benefits
Accelerated Death Benefits (life insurance)	Must keep policy in force Must be terminally ill (contact insurance company) May create income tax debt May affect qualifying for government benefits
Viatical Loan (borrow from investor using life insurance as collateral), or Viatical Settlement (sell life insurance policy to investor)	May create income tax debt Must own policy Must meet definition of terminally or chronically ill May affect qualifying for government benefits

Budget worksheet

For the month of _____

Income sources:	Wages (after taxes, deductions)	$ _____
	Social Security/Supplemental Security Income	$ _____
	Short- or long-term disability benefits	$ _____
	Investments	$ _____
	Total income	**$** _____
Expenses:	Regular monthly expenses (include household expenses, insurance premiums, etc.)	$ _____
	Total 1	**$** _____
Out-of-pocket medical expenses:	Deductibles	$ _____
	Co-insurance	$ _____
	Co-payments	$ _____
	Medical travel	$ _____
	Prescription drugs	$ _____
	Medical insurance premiums	$ _____
	Total 2	**$** _____
One-time expenses or periodic services:	Necessary changes to home (contractor, etc.)	$ _____
	Professional fees (lawyer, financial planner)	$ _____
	Total 3	**$** _____
Special expenses:	Special diets	$ _____
	Travel	$ _____
	Education	$ _____
	Other	$ _____
	Total 4	**$** _____
	Total expenses (sum of totals 1, 2, 3, 4)	**$** _____

Make several copies of this budget worksheet, and use one for each month. Budget at least a few months in advance. Your cancer experience may result in budgets that vary widely from one month to the next. But the more months you budget, the more accurate your financial forecast will become.

Glossary

COBRA: COBRA is a law that lets you keep your health plan after you leave a job. It is available only if you had a health plan at your old job. You may be able to keep your old health plan for 18, 29, or 36 months, depending on the circumstances. You pay the full cost of the coverage. ("COBRA" stands for Consolidated Omnibus Budget Reconciliation Act of 1985.)

Disability extension of benefits: This is a feature on some medical plans. It means that if you become disabled and stop paying for your medical plan, you still have medical coverage. The medical coverage will continue for a period of time, often a year. During this time, the plan only pays for any ongoing treatment.

Disability income insurance: A type of insurance that pays some money each month to people who are injured or sick and cannot work. Disability income plans can be either short term or long term.

Experimental treatment: A type of treatment that is still under medical study. Most health plans will not pay the cost of experimental treatments.

Health Maintenance Organization (HMO): A kind of medical organization that offers health care. If you belong to an HMO, then you must generally use the providers within that HMO. If you use doctors outside the HMO, you would pay part or all of that total cost. Most often, you pay only a small co-pay each time you see an HMO doctor.

Medicaid: : This government program pays the cost of medical care for low-income people. To qualify, your income and assets must be below a certain level. This level is set by the state in which you live. Not all health care providers take Medicaid patients.

Medicare: This government program pays for medical care. After 29 months of being disabled and getting Social Security Disability Income, you qualify for Medicare. You may also qualify for Medicare if you are 65 or older and retired. Almost all hospitals accept Medicare; a declining number of doctors do.

Medicare Part D: This is a prescription benefit program under Medicare. You may choose from a number of different options.

Medigap: This is a medical policy that is meant to cover some of the costs not paid by traditional Medicare plans, such as deductibles. If you have Medicare Part D, the prescription benefit, you may not also have it with your Medigap policy. There are 12 Medigap policy options. Each plan offers different features. Not all insurance carriers offer all 12 plans.

Pre-existing condition: This is a health condition that you had before you became covered by a medical plan. If you have a pre-existing condition, you may have to wait before the plan will pay the medical costs of that health problem. The plan will pay for other health problems if they occurred after you joined the medical plan. See the section called "My medical plan has a 'pre-existing condition exclusion period.' What is that?" on page 8 for more details.

Social Security Disability Income (SSDI): This federal government program pays monthly income benefits if you are disabled. You must meet specific qualifications and strict disability guidelines to be eligible for benefits. You also must have paid at least the minimum amount into the Social Security system. (Your employer takes this money out of your paycheck automatically. To have paid enough money into the system, you must have worked a number of years.)

Supplemental Security Income (SSI): This government program pays benefits to low-income people who are unable to work. To qualify, income must be below a certain amount. That level is set by the state in which the person lives.

Waiver of premium: This is a feature on some life insurance policies. It means that if you meet the definition of disability, which is strict, the insurance company will treat the policy as if you are paying the premiums when you are not.

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Financial Guidance for Cancer Survivors and Their Families

Advanced Illness
Financial Guidance for Cancer Survivors and Their Families

How to Find a Financial Professional Sensitive to Cancer Issues
Financial Guidance for Cancer Survivors and Their Families

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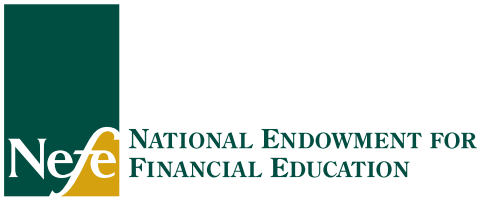
Note: Over time, legislative and regulatory changes, as well as new developments, may cause this material to be outdated. This booklet is meant to provide general financial information; it is not meant to be a substitute for or to supersede professional or legal advice.



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