

The Health Care Law Through the Cancer Lens: The Road to 2014 and Beyond

Nationwide WebEx
October 10, 2013



Society and ACS CAN Resources

- ✓ **The Health Care Law: How It Can Help People With Cancer and Their Families:** A consumer-friendly brochure about the health care law through the “cancer lens” (Society Mart item # 5600.00)

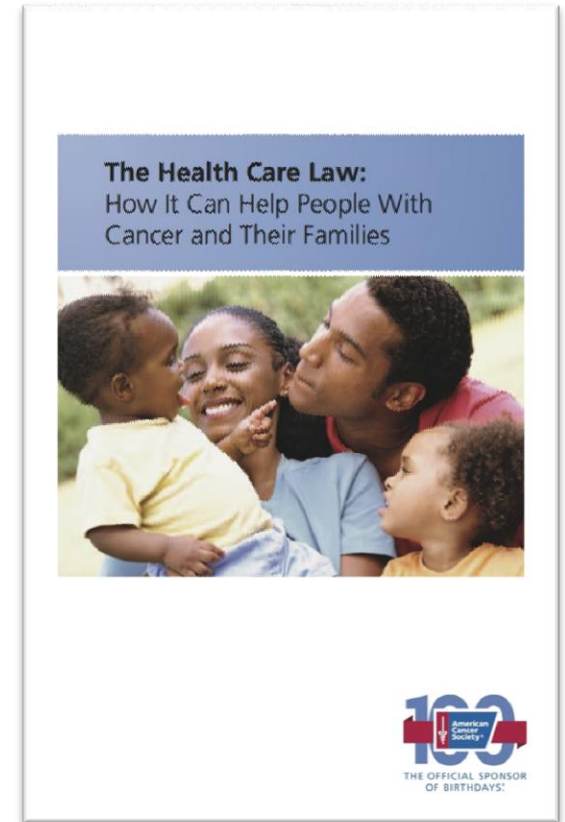
How Health Insurance Works

The Health Insurance Marketplace

Medicaid and the Health Care Law

Tips for Choosing Health Insurance

Breast Cancer And the Health Care Law



All materials can be found on www.cancer.org or www.acscan.org/healthcare/learn



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How Health Insurance Works

Health insurance and the health care law

Many people can get health insurance through their job, a family member with a job, or a government program such as Medicare or Medicaid. In the past, people who did not have health insurance in one of these ways often went without it. The health care law makes it easier for more people to buy health insurance on their own. It also requires most Americans to have health insurance or pay a penalty. This makes it important to understand what health insurance is and how it works.

Do I need health insurance?

We all live with the risk that our health could suddenly get worse because of an accident or illness. If you get injured or sick, you will need health care. The question is, will you be able to get the health care you need, and if so, will you be able to afford it?

Health insurance can make it possible to see a doctor, be treated, or get needed tests and procedures. Health insurance helps to pay the costs of health care, which offset costs a lot, and helps to provide financial security for you and your family. Regardless of your age or health condition, it's important to have health insurance.

What is health insurance?

Health insurance is a contract between you and an insurance company that agrees to pay part of your medical costs if you get hurt or sick. In return, you make monthly payments to the insurer and help cover the cost of your care. Doctors and other health care providers usually agree to reduce their prices for health insurers, which lowers costs for insurance companies and patients.

Health insurance plans generally cover preventive care to keep you healthy, such as vaccines and check-ups, and treatment for injuries or diseases. Health plans differ greatly on what they cover and how much of the costs they will pay, but the health care law is helping many people find a plan that offers the coverage they need at a price they can afford.



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The Health Insurance Marketplace

The new health care law will give some cancer patients, survivors, and their families – as well as others who need to buy health insurance on their own – the opportunity to shop for a plan on a website called a health insurance marketplace (also called a health insurance exchange). People will be able to compare health plans by the amount of coverage they offer and price. All plans sold in these marketplaces will cover essential health care and won't be able to deny coverage to people with a pre-existing condition such as cancer. Health plans sold in the marketplaces will take effect Jan. 1, 2014.

What is a marketplace?

Beginning in October 2013, each state will have an online health insurance marketplace that allows people looking for coverage to shop for plans and compare them by benefits, quality, and price. The health care law requires that information about prices and what a plan covers must be written in simple terms that are easy to understand, so there's no guessing about costs. People will get clear picture of what they are paying for and what they are getting before making a choice.

Am I eligible for the marketplace?

If you are under 65 and don't have access to health coverage through your employer* or Medicare, you can buy a health plan through the insurance marketplace in your state. If you like your work health plan and want to keep it, you don't need to buy insurance through the marketplace. If you or a family member loses a job or health insurance benefits, there will be new options that may be more affordable to you.

*People with health care through their job whose monthly premiums are too high compared to their income may be eligible for financial help in affording a plan sold on their state's marketplace.

Will it cover everything I need for cancer treatment/follow-up?

The health care law allows more cancer patients and survivors to get the health care they need by requiring all health plans sold in new health insurance marketplaces to cover essential benefits. These include coverage for cancer screening, treatment, and follow-up care. The marketplaces will offer a variety of plans, and eligible people will be able to choose one that works best for them.

By law, insurance plans will not be able to deny coverage to anyone because of pre-existing conditions like cancer. All insurance plans must have basic benefits that will cover things like



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What is Medicaid?

Medicaid is a government program that covers the cost of medical care for low-income people who meet certain criteria. To enroll in Medicaid, your family's income and assets must be below a certain level. These levels vary from state to state. While Medicaid is a publicly funded program, care is provided by both public and private health care providers and plans.

Am I eligible for Medicaid coverage?

Some examples of people who have long been eligible for Medicaid include: pregnant women, children, adults with dependent children, people with disabilities, and seniors who have low incomes. Under the new health care law, states have the option to broaden access to Medicaid coverage to include everyone below a certain income level – about \$15,000 for one person and roughly \$30,000 for a family of 4 – whether or not they fall into one of the groups listed above.

In states that choose to accept federal money to improve access to Medicaid, millions of people across the country who don't have insurance now will be able to get lifesaving preventive care and treatments for cancer and other serious diseases. Legal permanent residents (also known as green card holders) may have to wait 5 years before they can enroll in Medicaid. Undocumented immigrants are generally not eligible for Medicaid.

In states that have not broadened access to Medicaid coverage, many low-income people will not qualify for Medicaid. Some of the poorest of these people also won't qualify for help paying for private insurance in the health insurance marketplace.

Will Medicaid provide the health coverage I need?

In the past, Medicaid has covered a range of health services, including doctor visits, hospital care, lab and x-ray services, and prescription drugs. These services will still be offered to the groups that have had this coverage in the past (the eligible groups listed above). People who are “newly eligible” in states that expand access to Medicaid will also be covered for health care services to prevent and treat a serious disease such as cancer.

Not all health providers take patients with Medicaid. It's important to be sure that the doctor you want to see will take Medicaid patients before making an appointment. If they don't, you may have to pay for the full cost of the visit.



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Tips for Choosing the Right Health Insurance Plan

As of October 1, you may have the opportunity to buy a health insurance plan through the new insurance marketplaces. For people living with cancer it is especially important to choose a health insurance plan that best meets your needs. This tip sheet provides you with some of the key information about choosing the right coverage for you and your family, including factors you may want to consider when making your decision.

Step 1 - Information You Will Need

Before you begin the process of selecting a plan that is right for you, it is important to have a few pieces of information* handy. These include:

- Your Social Security Number and the numbers for each family member who will be enrolling in a plan. Legal immigrants should use their document numbers;
- Employer and income information for every member of your household who needs coverage (for example, from pay stubs or W-2 forms—Wage and Tax Statements). This information will help you determine whether you are eligible for any subsidies that cover some of the cost of coverage;
- Policy numbers for any current health insurance plans covering members of your household; and
- A completed Employer Coverage Tool (available at https://www.healthcare.gov/downloads/MarketplaceApp_Checklist_Generic.pdf) for information about any employer health coverage for which you are eligible. You'll need this information even if you don't accept the employer insurance you're offered.

*Source: www.healthcare.gov

Step 2 – Factors to Consider When Choosing an Insurance Plan

The next step is to do an honest assessment of the kind of health insurance coverage you need. Think about how often you use your insurance coverage, whether you need access to certain specialists, what prescription drugs you take, whether you use specific therapy services, and what hospitals or clinics you use most often. When you begin comparing specific plans consider the following factors:

- 1) **What are the benefits and total costs associated with the plan?** The plan's monthly premium is an important consideration, but you also need to think about the combined costs of copays, premiums and deductibles. For someone living with cancer, selecting a plan with more comprehensive coverage (gold or platinum plans) may be the better choice. Although premiums may be higher in these plans, cost-sharing and total out-of-pocket spending for people with



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Ensuring access to breast cancer early detection and treatment

This year, an estimated 232,000 women in America will be diagnosed with breast cancer and about 40,000 will die from the disease, making it the second leading cause of cancer death in women. The 5-year relative survival rate is 98 percent when breast cancer is detected at an early stage and only 24 percent for late-stage disease. Cost and lack of insurance are significant barriers to getting preventive care.

Only 17 percent of women age 40 and over who are uninsured or underinsured received a mammogram in the past year, compared with 55 percent of adequately insured women. Even for women with private health insurance or Medicare, relatively small out-of-pocket costs can significantly reduce mammography rates, particularly for underserved populations.

Ensuring access to evidence-based cancer screenings and treatment is critical to the fight against breast cancer.

Highlights of Breast Cancer Screening in the Health Care Law

The health care law improves coverage for evidence-based breast cancer prevention and treatment by requiring health plans to cover mammograms and other recommended preventive services, and by making health coverage more accessible for women. The health care law also helps ensure that people who have been diagnosed with breast cancer get the quality, affordable health care they deserve.

Provisions of the health care law:

- Ensure that individuals with a history of breast cancer are no longer denied coverage because of a pre-existing condition. *(Effective beginning 2014 for most plans)*
- Prohibit the sudden discontinuation of coverage because a patient is diagnosed with breast cancer or another health condition. *(Effective beginning 2014)*
- Prohibit the use of annual dollar limits on coverage and lifetime limits that leave cancer patients without coverage. *(Effective beginning 2014)*
- Require that all commercial health insurance plans cover mammograms for women starting at age 40 and cover BRCA1 and BRCA2 genetic testing and counseling for women who have a family history of breast and ovarian cancer. *(Rollout for new plans began 2010; most group and individual plans by 2014)*
- Ensure that mammograms and other proven preventive services are administered at no cost to patients. *(Effective as of 2011 in Medicare; effective in 2010 for new plans and 2014 for those newly eligible for Medicaid)*
- Create a national prevention and public health fund to expand and sustain national investment in prevention and public health programs, including health screenings. *(Effective as of 2010)*
- Establish public education campaigns on young women's breast health. *(Effective as of 2010)*

Implications for the American Cancer Society and the American Cancer Society Cancer Action Network (ACS CAN)

- ACS CAN is working to ensure that critical provisions of the health care law are implemented as strongly as possible for people with cancer and their families.
- ACS CAN will continue to fight for funding for the National Breast and Cervical Cancer Early Detection Program, which provides a critical service to medically underserved women.

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ACA Education and Outreach

- www.healthcare.gov
- 1-800-318-2596 (100+ languages)
- www.getcoveredamerica.org
- 1-800-ACS-2345
- www.cancer.org

