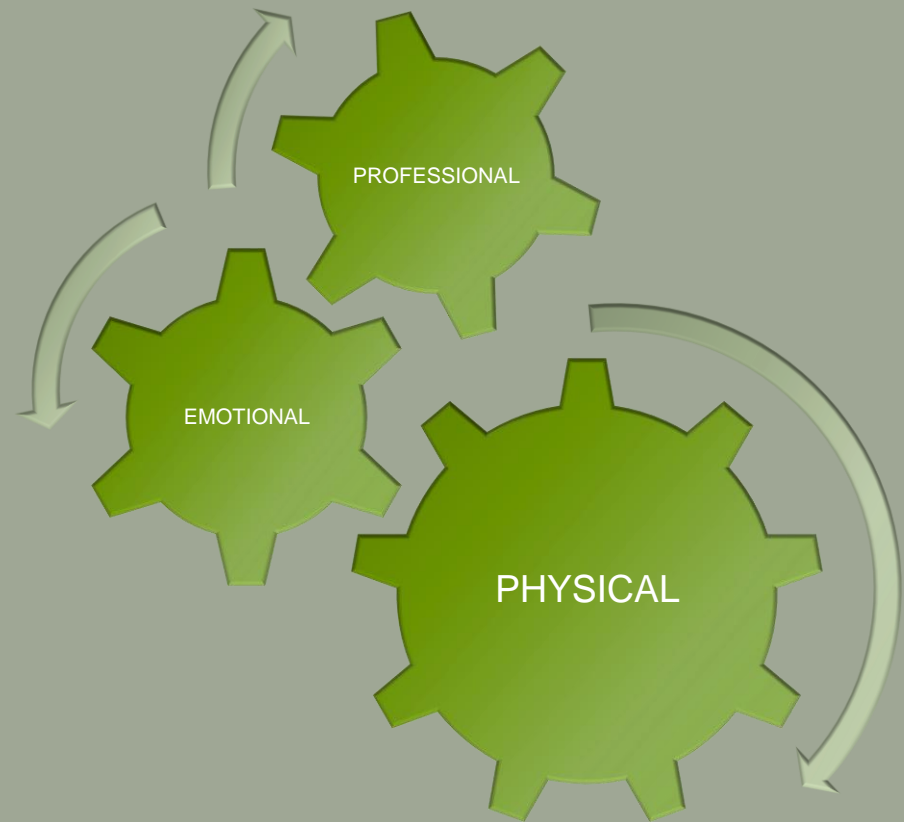


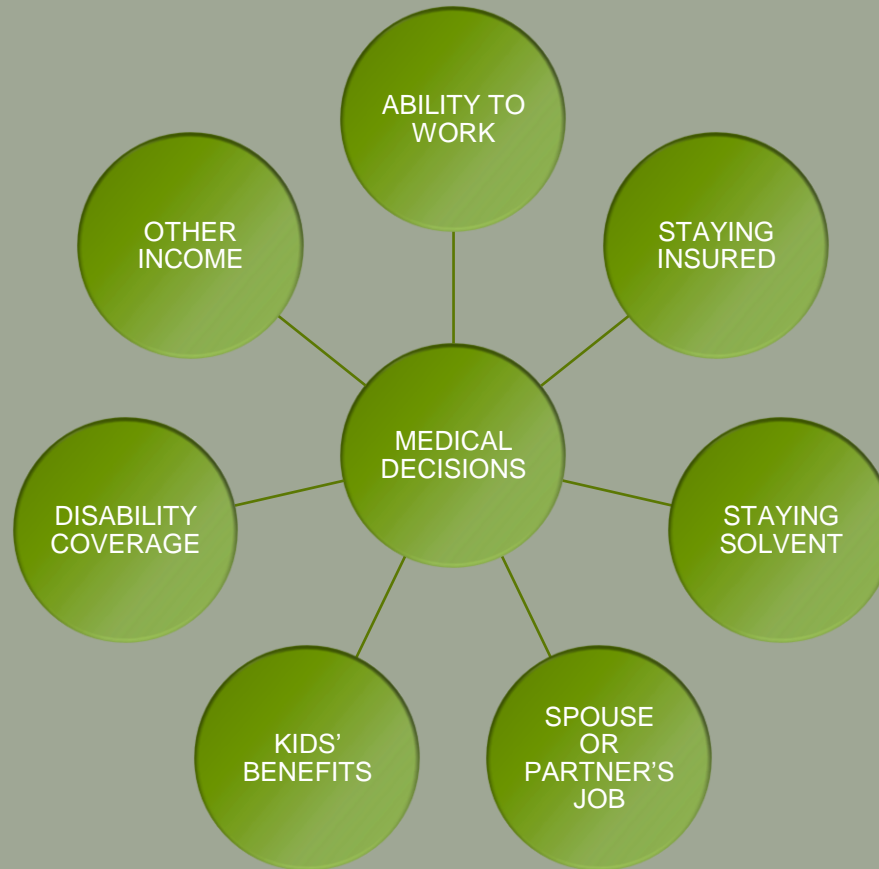
# Living and Working With Cancer

A PRACTICAL GUIDE FOR NAVIGATING  
INSURANCE AND EMPLOYMENT ISSUES

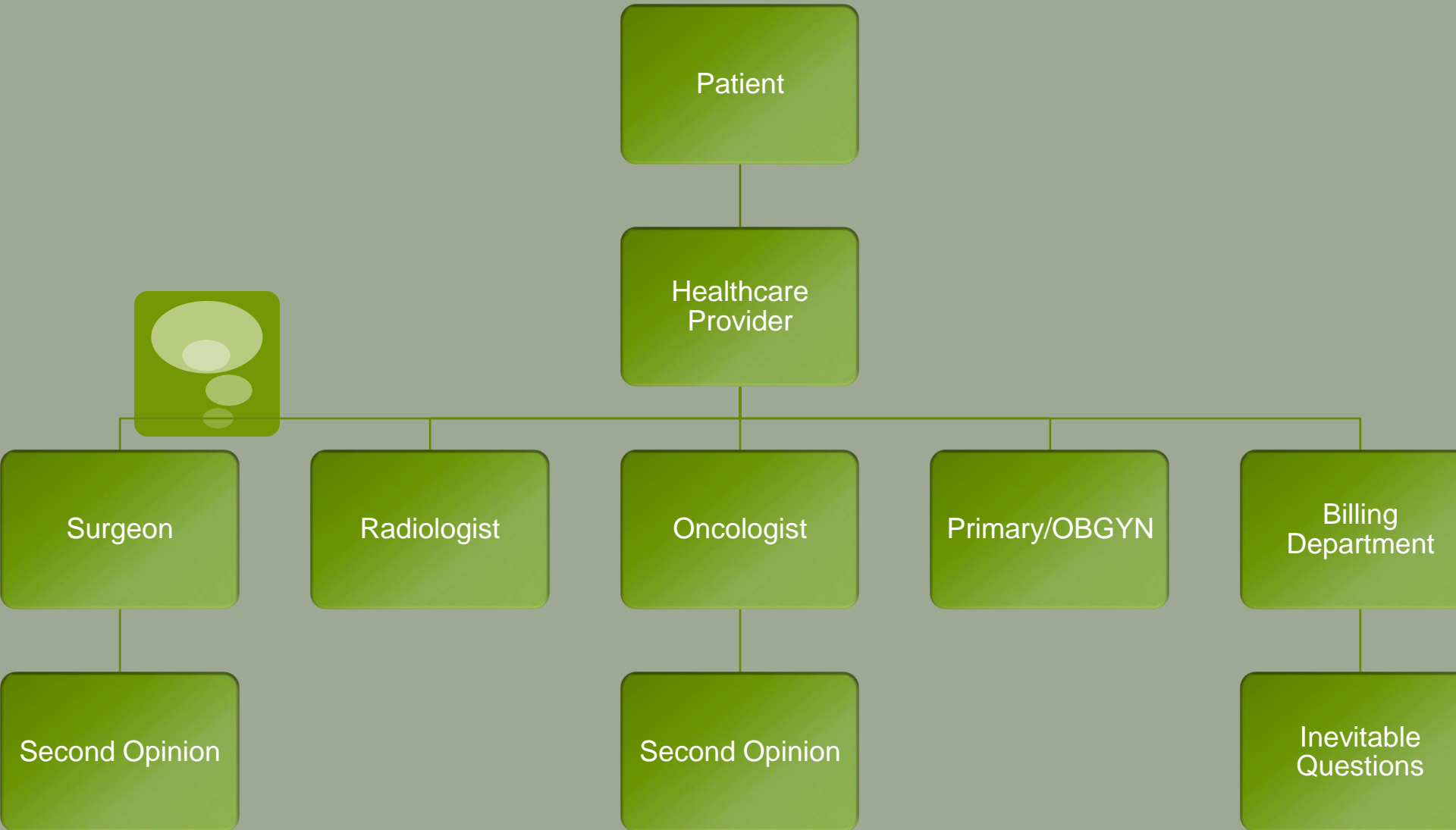
# EFFECTS OF A DIAGNOSIS



# PATIENT CONCERNS



# HEALTHCARE



WORKPLACE

Patient

Employer

HR

Supervisors

Legal



# HEALTH INSURANCE

Patient

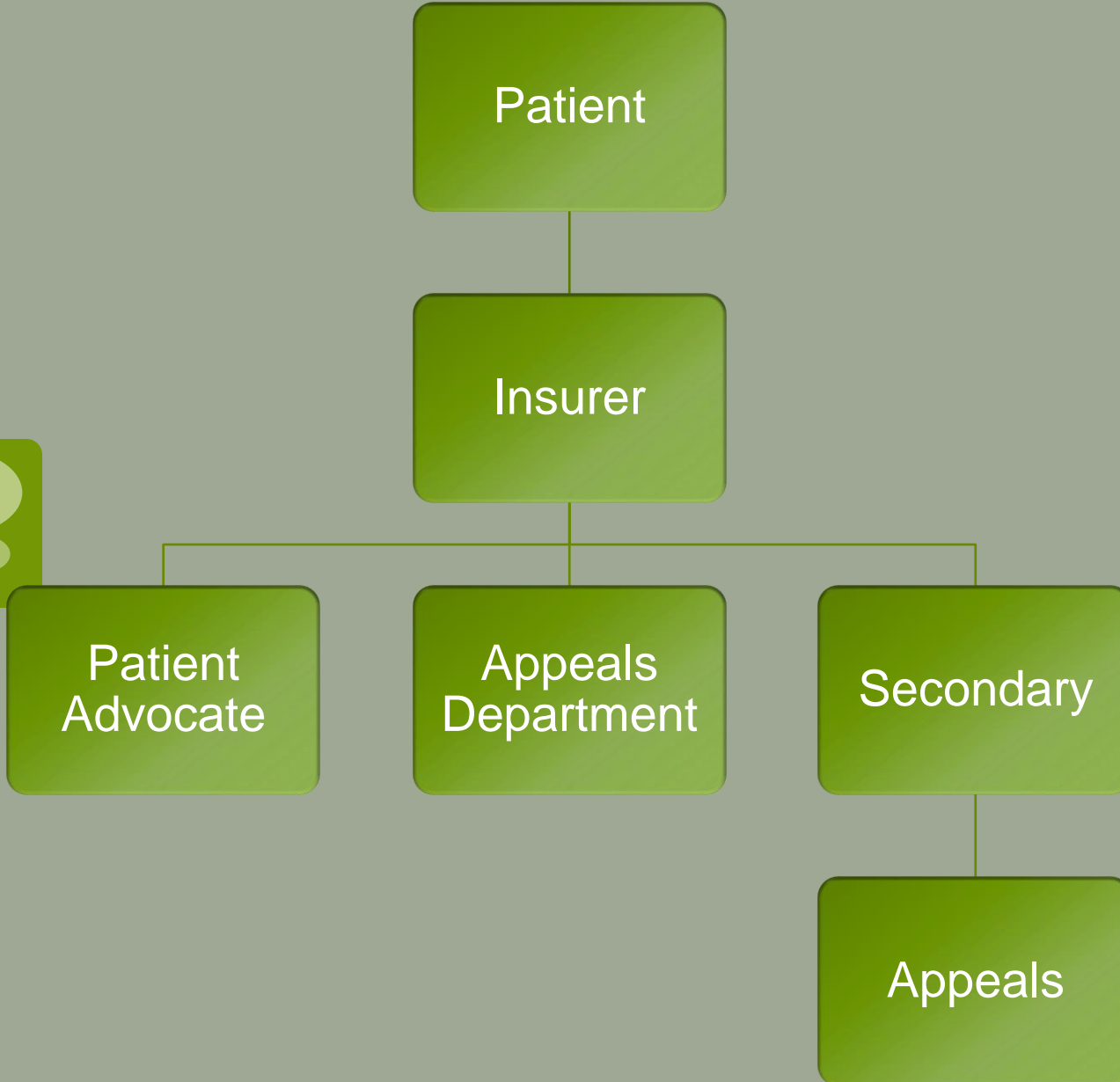
Insurer

Patient  
Advocate

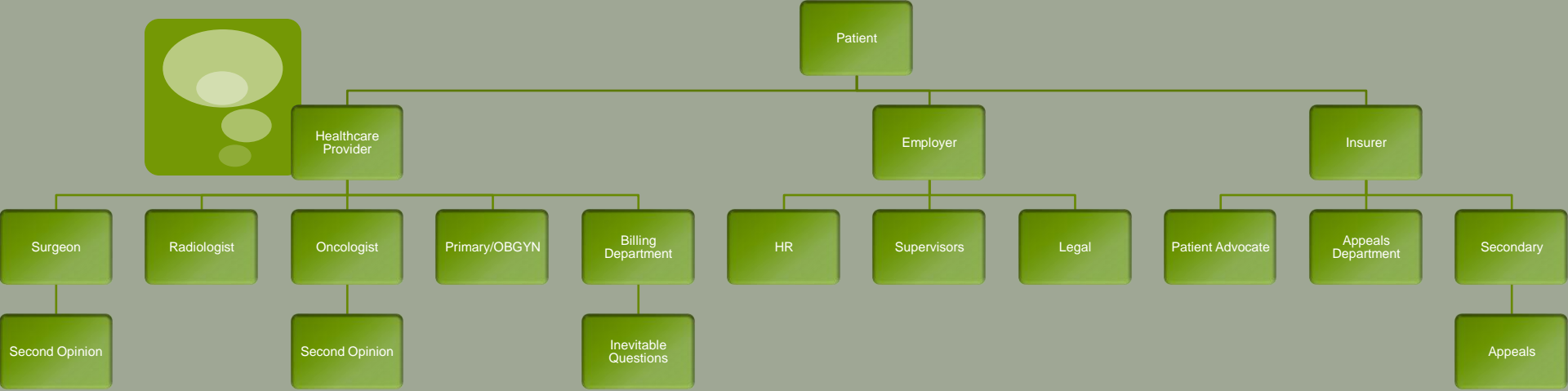
Appeals  
Department

Secondary

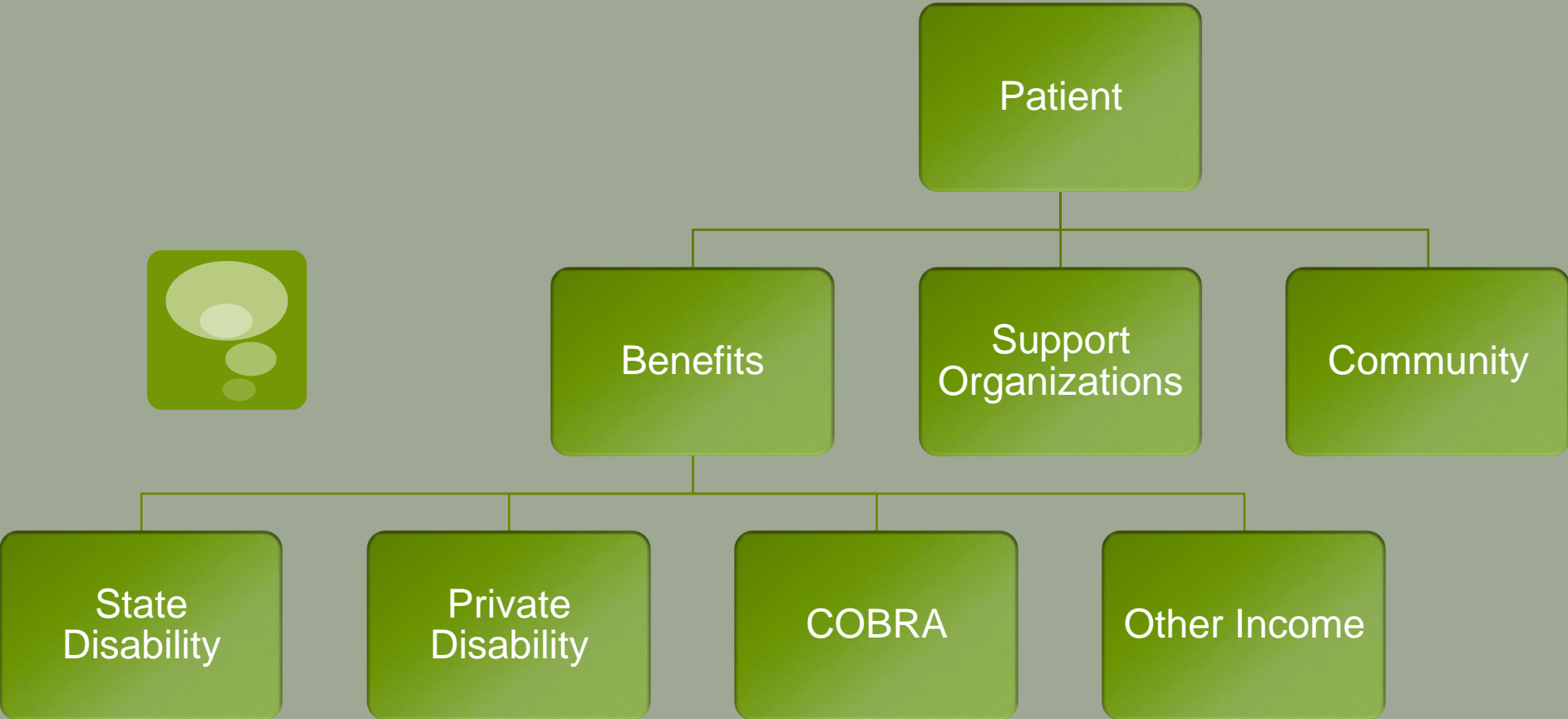
Appeals



# PUTTING IT ALL TOGETHER

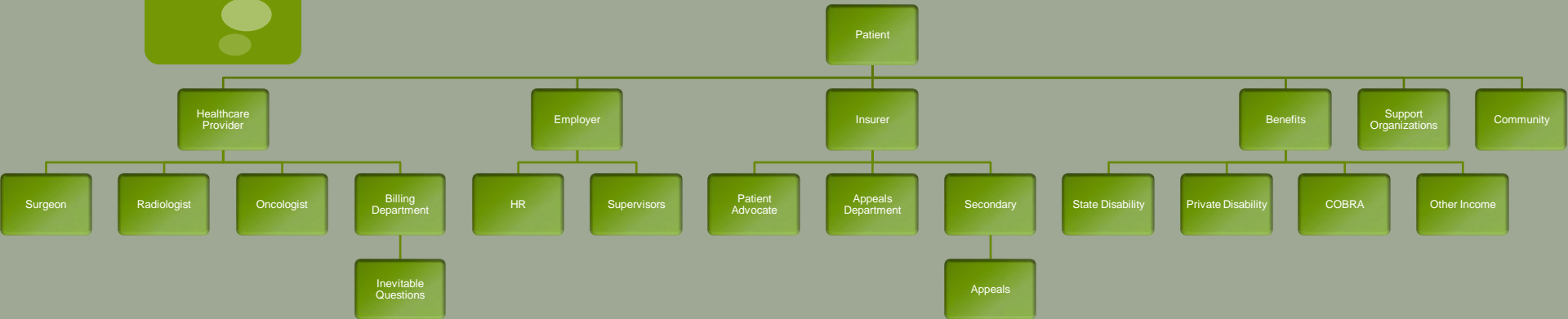


# BENEFITS AND SUPPORT





# PUTTING IT ALL TOGETHER -- AGAIN



COMMON GOAL:

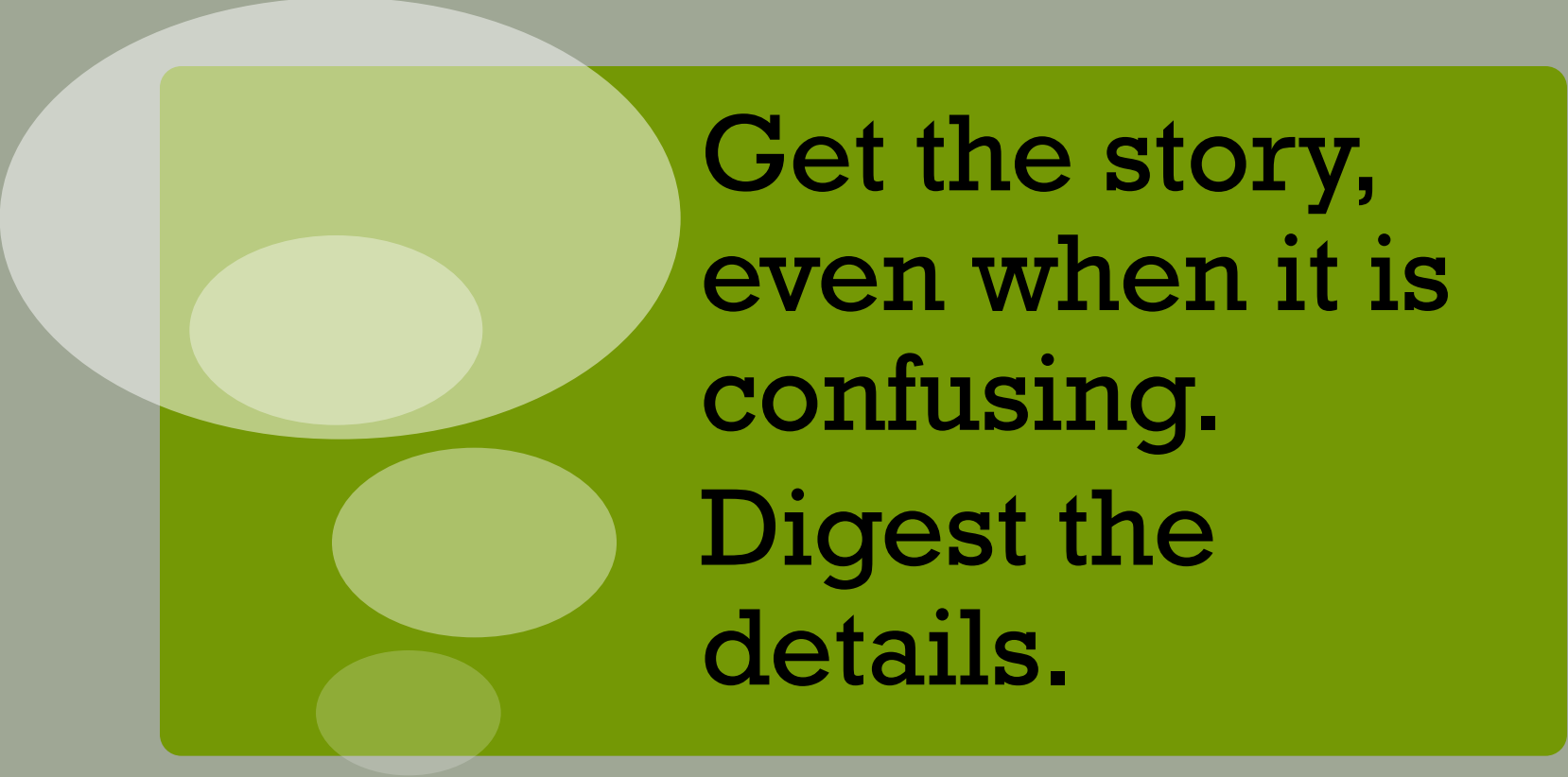
**solving  
problems,  
answering  
questions and  
giving support  
at a difficult time**

A decorative graphic consisting of a large, rounded green rectangle on a light gray background. To the left of the rectangle, there are several overlapping circles in various shades of green and white. The text "every situation is different" is written in a bold, black, sans-serif font across the right side of the green rectangle.

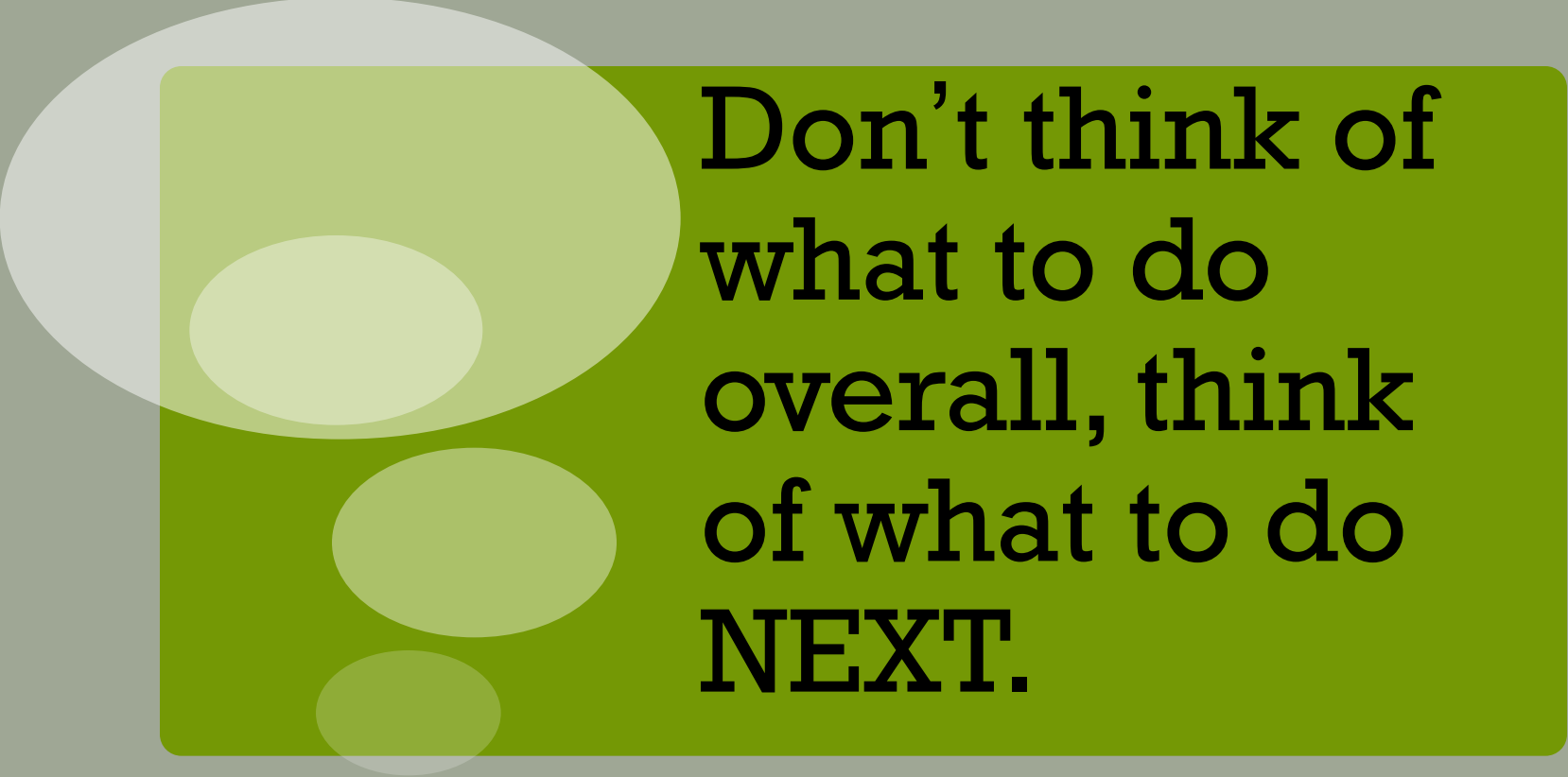
**every situation is  
different**



**Expect that things will not go  
exactly as expected.**

A decorative graphic on the left side of the slide. It features a large, light green circle at the top left, which overlaps a smaller, white circle below it. To the right of these circles is a large, rounded green rectangle. The text is positioned to the right of this rectangle. The background of the slide is a solid, light gray color.

**Get the story,  
even when it is  
confusing.  
Digest the  
details.**

A decorative graphic on the left side of the slide. It features a large, light green circle at the top left, which overlaps a smaller, white circle below it. To the right of these circles is a large, rounded green rectangle. The text is positioned to the right of this rectangle. The background of the slide is a light gray gradient.

**Don't think of  
what to do  
overall, think  
of what to do  
NEXT.**

# WHAT TO AVOID

## Conclusions

“That really **SHOULD** be covered. Mine was.”

“You have a **RIGHT** to that surgery.”

“**THAT’S ILLEGAL!**”

“That insurance company is **WRONG.**”

# WHAT TO FOCUS ON

## Referrals and Resources: Specifics

“For that kind of thing, we call the California Women’s Law Center in L.A.”

“There is a shop at UCSF run by two women cancer survivors called ‘Friend to Friend.’ They might have what you need and they might know more about how most people pay for these things.”



# WHAT TO FOCUS ON



- SUPPORT
- “I’m so sorry you are going through this right now when I know you need your energy for other things.”
- “I know how frustrating it is to be put on hold and have your call transferred so many times, but hang in there because persistence definitely pays off. Maybe I can make the call for you.”

# WHAT TO FOCUS ON

## ■ PROBLEM-SOLVING IDEAS

- “A company as large as that must have a significant Human Resources department. It is someone’s job to make sure that health plan is being administered in accordance with its terms. Call that person!”
- “Have you asked the insurance company to assign a case manager to your file? That might be a good way to get you some advocacy on the inside.”
- “How about you ask a friend who wants to help to keep a binder of all your medical bills and give you a hand with any appeals you may have to make?”





# INSURANCE ISSUES

“Bureaucracy, the rule of no one, has become the modern form of despotism.”

-Mary McCarthy (*American Contrarian*)

# INSURANCE ISSUES



- FOR PEOPLE WHO HAVE INSURANCE THROUGH WORK OR OTHERWISE
  - Big questions are about potential job changes or time off and keeping their insurance.
  - Questions of what is covered
  
- FOR PEOPLE WHO DON'T HAVE INSURANCE OR NEED TO BUY NEW INSURANCE
  - It isn't just about finding a policy.
  - Often, the real issue is going to be whether or not the right doctors are working with the carrier and whether or not the likely course of treatment will be covered and at what level.

# INSURANCE ISSUES

- FOR PEOPLE WHO HAVE INSURANCE

- Coverage of specific treatment

- Patient Advocates

- HR Specialists

- Billing Specialists at Medical Offices

- Planning Ahead

- Asking the right questions at the doctor's office

- Customary?

- Necessary?

- Generic medication?



# INSURANCE ISSUES



- When Claims Are Denied
  - Experimental/Medically Necessary
  - Appeals Procedure
    - Often, mistakes are made
    - Worth pursuing
    - There are usually at least two chances

# INSURANCE ISSUES



- Wigs
  - Plan-dependent
  - Some require doctor's note
    - Patient well-being
    - “Cranial Prosthetic Device”
    - Shops at hospital cancer centers
    - BCC!
    - American Cancer Society- Pantene Beautiful Lengths
- Reconstructive Surgery
  - Law: If plan covers mastectomy it must cover reconstruction.
    - TYPE of reconstruction/procedure is what insurers fight about

# INSURANCE ISSUES



- Genetic Testing:
  - BRCA1 and 2—used to be a question.
  - New normal—there have been advances. There are now more identified genes and gene interactions. Now insurers are calling the enhanced test “experimental” and not yet customary.
  
- Extended appointments:
  - First thirty minutes or an hour covered. But if doctor wants a pre-op or post-op appointment to be covered, often that will be denied.



# INSURANCE ISSUES



- Job Changes and Keeping Insurance
  - Group plans—What's the point of COBRA now that there's the Affordable Care Act?
    - Keep your doctors.
    - Keep it simple.
    - Possibly pay more, but not necessarily.

# UNEMPLOYED/UNINSURED



- Many more choices than there used to be.
- Pay attention to fine print.
- Watch for “short-term” policies—not covered by Affordable Care Act pre-existing condition protections.
- If patient already has doctors, work backwards.
- Consider specifics of coverage.
  - Deductibles
  - Hospital stays
  - Medications

# UNEMPLOYED/UNINSURED



- Government Programs
  - Medicare
    - 65 or older
    - Part A= hospital insurance. No premium
    - Part B= physician and outpatient services. Must pay premium.
    - Part C= Medicare Advantage (approved private plans—vision, dental hearing—sometimes drugs. Subsume parts A and B)
    - Part D= Prescription Drugs
  - Medi-Cal
    - Certain low-income level
    - Certain disability requirements met

# UNEMPLOYED/UNINSURED CLIENTS

- Look out for financial assistance programs. If a patient is still uninsured or has a “basic” plan, there are likely to be financial concerns.



- Breast Cancer Early Detection Fund
- California Breast Cancer Treatment Fund
- County Hospitals/Local Clinics
- Gabriella Patser
- American Cancer Society



# Employment Issues

“More and more we are into  
communications; and less and less  
into communication.”

-Studs Terkel (American Author/Oral Historian)

# EMPLOYMENT ISSUES

- DISCLOSURE OF CONDITION

- Not required legally, but may be helpful.
- Rights under FMLA/ADA (leave of absence/reasonable accommodation) and other laws can be obtained with general statement of need and doctors notes.



# EMPLOYMENT ISSUES

- LEAVES OF ABSENCE

- Paid leave

- Sick time/vacation time accrued

- Short or long-term disability

- Social Security Disability Insurance, Supplemental Security Income or California State Disability Insurance

- A world onto itself. Very complex. ALWAYS consult experts.



# EMPLOYMENT ISSUES



- **UNPAID LEAVE/FMLA**  
(duration of employment and size of employer affect eligibility)
  - Generally, for up to 12 weeks and does not have to be consecutive
  - Health insurance continues
  - Caregivers can sometimes qualify
  - Return to previous or equivalent position



# EMPLOYMENT ISSUES



- Side note for caregivers: In 2004, California was the first state to enact Paid Family Leave (up to 6 weeks, 55% of salary capped at \$728 per week to care for a new child or sick family member).
- Paid Family Leave taken concurrently with FMLA (or for smaller employers California Family Rights Act, which is parallel).

# EMPLOYMENT ISSUES

## ■ OTHER BENEFITS DURING LEAVE/DISABILITY

- Health Insurance - At least for 12 weeks of unpaid leave. Some employers provide it during prolonged disability.
  - If NOT
    - COBRA
    - Medicare/Medi-Cal
    - Other policies
    - Be careful of double coverage. Sounds like a good idea until the two carriers start fighting over who pays and the patient keeps getting dunned.



# EMPLOYMENT ISSUES

## ■ OTHER BENEFITS DURING LEAVE/DISABILITY

### ■ Life Insurance

- Some policies have “waiver of premiums” and continue coverage at no cost upon disability

### ■ Pension Benefits

- Some are payable upon disability
- Some freeze accruals
- Loans from 401(k) or Profit Sharing Plans



# EMPLOYMENT ISSUES

## ■ ON THE JOB ACCOMODATIONS

- Job restructuring
- Modified or part-time schedule
- Flextime during treatment
- Additional unpaid leave
- Disclosure of need required, but reason for need protected
- Americans with Disabilities Act requires accommodations and prohibits discrimination



# EMPLOYMENT ISSUES

- DISCRIMINATION

- THE LAW: If client is able to perform essential job functions, it is unlawful to harrass, demote, terminate, cut pay or adversely treat that person because she has cancer.
- Complex topic: More leverage than lawsuit
  - Not an affirmative action law
  - Requires dialogue more than very specific actions



# PRACTICE SCENARIOS

## ■ Scenario A

- 55-year old divorced woman
- About to get laid off from a large Silicon Valley employer
- Double mastectomy 2 weeks ago
- Starting 4 months of chemo in 2 weeks
- Tamoxifen for 5 years

Questions: What questions re:  
insurance? What about layoff?



# PRACTICE SCENARIOS



- Some ideas
  - COBRA or CAL COBRA? COBRA—18 months. Treatment should be done, but will need to pay for those drugs.
  - Individual policy terms?
  - Extend coverage before COBRA? Disability?
  - New job or partnership in the future?
  - Treatment of employee/ others in same class?
  - Severance?

# PRACTICE SCENARIOS

- SCENARIO B
  - Single 30-year old
  - DCIS diagnosis
  - Self-employed start-up consultant with individual policy
  - What now?





# PRACTICE SCENARIOS

## ■ SCENARIO C

- Married, 42-year old mother of 3.
- Midway through tamoxifen after lumpectomy, radiation and chemo three years ago.
- Want to take genetic test and consider having double mastectomy and ovaries removed if it is positive. (Aunt and mother had breast cancer, aunt passed away)
- PPO through husband's job.
- Question: Test through insurance? Would surgeries be covered?



# PRACTICE SCENARIOS

## ■ Scenario D

- 48-year old, just finished 5 years of Arimidex.
- Oncologist called and said that new study our suggesting Herceptin very successful for hertype of breast cancer, but the study was done on women recently diagnosed.
- If diagnosed today, she would recommend 1 year of Herceptin.
- Will HMO cover this course of treatment?
- Should she do it?
- Time off of work?



# PRACTICE SCENARIOS



## Scenario E -- EARLY DETECTION OF OVARIAN CANCER

- 38 year-old
- Surgery successful
- Employer says job will be held open during 12 weeks of chemo
- Employee returns to work and is told she is being given a pay cut and a demotion
- WHAT ARE THE THRESHOLD QUESTIONS?

# PRACTICE SCENARIOS



## Scenario F

- 15 year Breast Cancer Survivor
- Fear of ovarian cancer and considering genetic testing
- Experiencing severe anxiety
- Works for a large Bay Area company
- Options? Coverage? Time off? What to think about?

# THANK YOU

BCC Staff and Volunteers.

BCC Clients!

