

Questions to Ask Your Insurance Company

Understanding your health insurance coverage and benefits for your stem cell transplant is the most important financial first step to take before moving forward with your stem cell transplant. Contact your insurance company to review your benefits and the details of your coverage. You should ask:

General

- What type of insurance plan do I have (HMO, POS, PPO, Medicare, Medicare Advantage, Medicaid)?
 - What does this mean in terms of where I receive my care, approvals from your PCP or insurance plan, and my out-of-pocket expenses (copays, co-insurance, deductibles, out-of-pocket responsibility)?
- If you receive insurance coverage through your employer:
 - What do I need to know about how to continue access to insurance coverage if I am no longer working?
- Does my insurance plan offer any additional coverage through special networks or programs? For example, does it offer traveling and lodging benefits for a stem cell transplant?
- Does my insurance plan offer a housing benefit if I need to stay close to Dana-Farber Brigham Cancer Center during or after my transplant?

Network Coverage

- Is my stem cell transplant coverage managed through my health insurance provider or a special transplant network provider?
- Does my transplant coverage require that I obtain my transplant at specific hospitals?
- Are Dana-Farber Cancer Institute and Brigham and Women's Hospital in my network?
 - If so, how much will my co-payments and other out-of-pocket expenses cost?
 - If Dana-Farber and/or Brigham and Women's Hospital are not in my network (meaning your care will be out of network), what percentage of the bill will I be responsible for?

Co-Payments, Deductibles, Out of Pocket Maximums

- Does my insurance policy have an out-of-pocket maximum? If so, how does this work?
- Does my insurance policy have capped maximum payments? Would this mean that I would be responsible for payment beyond the capped amount?

Prescription Drug Coverage

Your oncology nurse navigator will provide a list of specific medications to review with your insurance plan, so you can understand your coverage and out-of-pocket responsibility.

- What is my coverage for prescription medications?
- Do I have a different prescription benefit provider or is this the same as my health insurance provider?
- Do the costs of prescription medications go toward my out-of-pocket maximum?
- Are there any limitations or caps on prescription medication coverage?
- Will I need to obtain my prescriptions from a specific pharmacy?

Other

- Does my insurance cover egg freezing or sperm banking services?
- Are psychologist and/or psychiatrist services covered by my insurance?