B-CLEAR
Blood Cancer Literacy Education And Resources

Not an actual patient or healthcare provider.

NAVIGATING THE HEALTHCARE SYSTEM

After a Blood Cancer Diagnosis

YOU'VE RECEIVED A BLOOD CANCER DIAGNOSIS. NOW WHAT?

A BLOOD CANCER DIAGNOSIS CAN BE A LIFE-CHANGING EVENT

It's easy to feel overwhelmed. But the more knowledge you have, the more confidently you can move forward.

This brochure provides the basic information you need to navigate the healthcare system during your treatment journey and beyond.

It includes advice on how to fit treatment into your daily schedule. It also helps answer questions you may have about managing costs and includes links to resources.

Not actual patients.

MANAGING LOGISTICAL AND FINANCIAL CONSIDERATIONS IN BLOOD CANCER TREATMENT

Starting treatment for blood cancer can seem daunting

It's good to remember that there is a lot of support available to you. Your healthcare team, family and friends, and patient advocacy organizations are ready to help. Learning all you can and planning ahead is a great way to ensure the treatment process goes as smoothly as possible.

Paying for treatment can be an area of concern for people with blood cancer

Understanding insurance coverage and knowing your options can prepare you for what to expect along the way.

The information in this brochure can help you address logistical and financial concerns, so you can focus on treatment and recovery.

NAVIGATING DAILY LIFE WITH BLOOD CANCER

Coordinating blood cancer treatment with everyday life can feel overwhelming. But planning ahead can make travel to appointments, waiting times, and administrative tasks more manageable.

Fortunately, you're not in this alone. **Patient navigators and hospital social workers** can help make the process easier. **There are organizations, listed on pages 5 and 6 of this brochure, that can help.**

COMMON CONSIDERATIONS WHEN STARTING YOUR TREATMENT:

Travel

You may choose to drive to appointments. But it's helpful to have another option if you are concerned about side effects from treatment. Consider getting a ride from a friend or family member, or using public transportation or a taxi service, if you have concerns regarding how you may feel.

- If you have difficulty finding a travel option, **many advocacy groups offer volunteer drivers**

Appointment time

Appointments can be disruptive to daily life. Some people live far from their treatment center, which can make appointments time-consuming. Think about things you can plan around your appointments or things you can do during your wait times, if possible.

- If you need to stay somewhere overnight, **discounted lodging** is sometimes an option. To cut down on repeated medical appointments, **ask about coordinated care**

Administrative tasks

You may have concerns about scheduling appointments or getting time with certain members of your care team.

- **Patient navigators** can help with coordinating your schedule and managing paperwork

GETTING ORGANIZED CAN MAKE YOUR DAY EASIER AND HELP YOU STAY UP TO DATE WITH YOUR CARE

Think about what you need and find the level of organization that works for you.

Some tips for getting organized include:

- Storing paper documents in a notebook or folder
- Creating an electronic folder for digital documents
- Making use of your doctor's electronic patient portal, if available through your provider
- Keeping appointment information (questions you have or doctor's advice) in a notebook or notes app
- Talking to your doctor about creating a treatment calendar
- Packing a bag for appointments ahead of time. Remember to bring items that can keep you occupied, like a laptop, tablet, or book

NAVIGATING DAILY LIFE WITH BLOOD CANCER (cont'd)

COMMON CONSIDERATIONS WHEN STARTING YOUR TREATMENT: (cont'd)

Treatment side effects

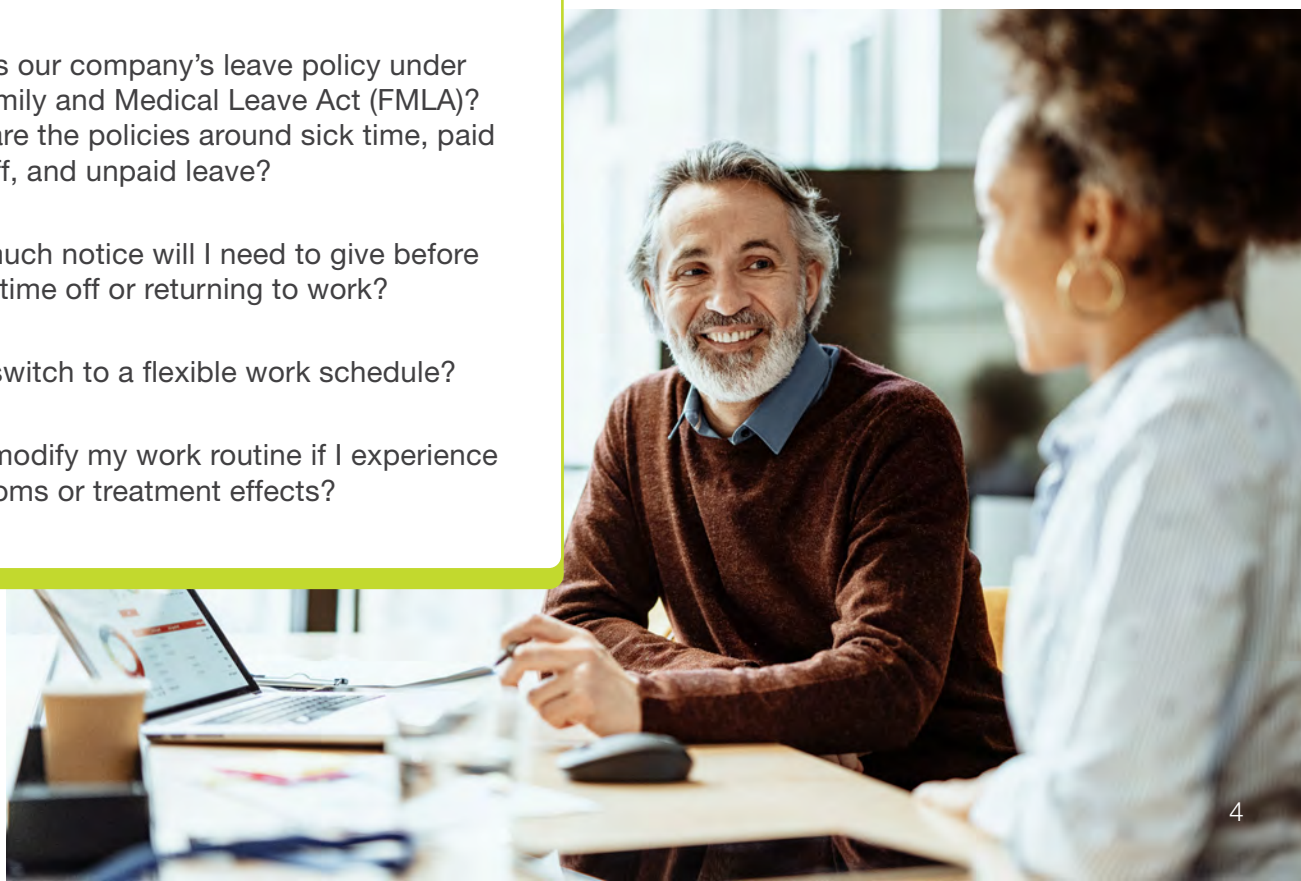
Some treatments may leave you feeling fatigued or not like yourself. **Be open with your healthcare team if you are experiencing side effects.** They may be able to prevent or manage them going forward.

WORKING WHILE RECEIVING TREATMENT

If you are planning to continue working during treatment, ask your manager or human resources department about options such as flexible work hours or paid leave.

Questions you may want to ask your employer:

- What is our company's leave policy under the Family and Medical Leave Act (FMLA)? What are the policies around sick time, paid time off, and unpaid leave?
- How much notice will I need to give before taking time off or returning to work?
- Can I switch to a flexible work schedule?
- Can I modify my work routine if I experience symptoms or treatment effects?



Not an actual patient.

RESOURCES TO HELP YOU NAVIGATE ADMINISTRATIVE TASKS AND TREATMENT LOGISTICS

THE AMERICAN CANCER SOCIETY OFFERS SEVERAL PROGRAMS THAT CAN HELP YOU FIND INFORMATION AND COORDINATE CARE

ACS CARES™ (Community Access to Resources, Education, and Support) provides personalized information and can connect you with volunteers through their free app.

Visit site >

Extended Stay America® offers discounted lodging at over 700 participating hotels for patients who have to be far away from home for cancer treatment.

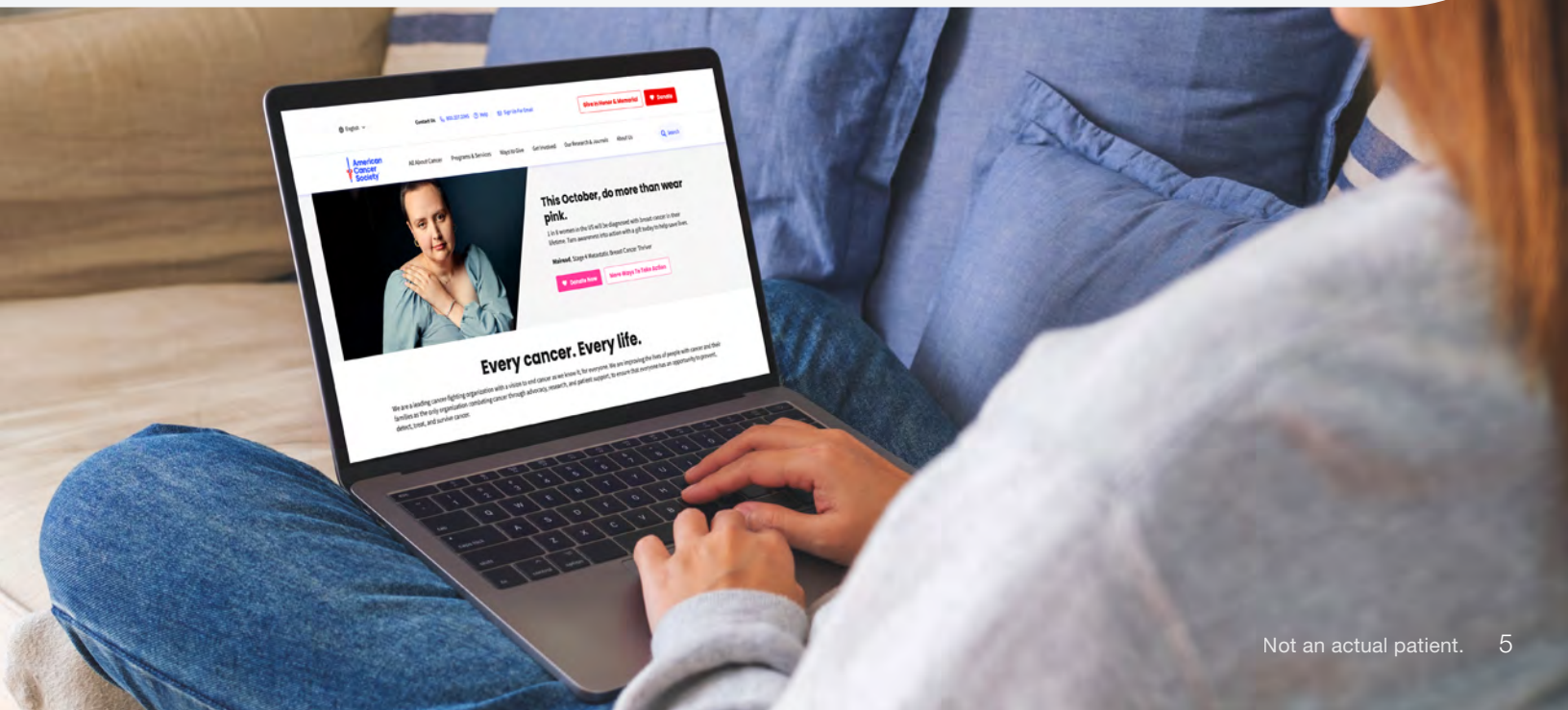
Visit site >

Hope Lodge® communities provide free lodging to people receiving cancer treatment and their caregivers when treatment is far from home.

Visit site >

Road To Recovery® offers free rides to and from cancer-related medical appointments.

Visit site >



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RESOURCES TO HELP YOU NAVIGATE ADMINISTRATIVE TASKS AND TREATMENT LOGISTICS (cont'd)

These other organizations also provide information and can connect you with support. Your treatment team can be a good source of information as well.

CancerCare®

CancerCare® resource navigation can help connect you with resources, including transportation assistance.

Visit site >

Lotsa Helping Hands

Lotsa Helping Hands can help your community coordinate meals, rides, and appointments through its free app.

Visit site >

Medicare.gov

If you receive **Medicare,** Accountable Care Organizations (ACOs) and ACO REACH can provide coordinated care.

Visit site >

NIH NATIONAL CANCER INSTITUTE

The **National Cancer Institute** offers information that can help you find treatment providers.

Visit site >

MANAGING TREATMENT COSTS: HEALTH INSURANCE

The different costs associated with your treatment can depend on the type of insurance you have. Learning about potential costs can help you plan how to manage and pay for your care. Planning ahead also helps you avoid surprises, like unexpected bills.

Whether you have private insurance or government-administered insurance, **understanding your coverage is a good first step toward preparing for future medical bills**.

Not an actual patient.

SOME BASIC INSURANCE TERMS YOU SHOULD KNOW:

Co-pay: A set amount you pay when you receive a healthcare service. The amount may vary depending on whether you are seeing a primary care physician (PCP) or a specialist.

- For example, your insurance plan may require you to pay $30 at the PCP's office, and $50 at the specialist's office. **Most of your cancer care team will be specialists**

Deductible: A fixed amount you pay out-of-pocket each year before your health insurance plan begins to cover medical expenses. Your deductible starts over at the beginning of a new year.

- For example, If you have a $1,000 deductible, **you must pay $1,000 in medical bills to meet that deductible** before your insurance company will start paying for covered expenses

Coinsurance: The percentage of costs you pay for a service that your health insurance covers **after you have paid your deductible**.

- For example, with an 80/20 plan, insurance pays 80% of covered expenses, and you pay 20%
- Some insurance plans have co-pays for office visits and coinsurance for other medical-related tests or treatments. Some insurance plans have coinsurance for all healthcare costs, including doctor visits

MANAGING TREATMENT COSTS: HEALTH INSURANCE (cont'd)

SOME BASIC INSURANCE TERMS YOU SHOULD KNOW: (cont'd)

Out-of-pocket (OOP) maximum: The maximum amount you would need to pay for all covered medical care. **After you reach your OOP maximum, you no longer pay coinsurance.** Your plan pays 100% of covered expenses.

- Pharmacy costs or specialty medicines may or may not be included in total OOP maximums, depending on your insurance plan

HELP IS AVAILABLE

Talk to your doctor if you have concerns about paying for treatment. **Social workers and patient navigators** can help you understand billing and address concerns. **Financial aid** may be available for some patients.

A **benefits coordinator at your health insurance company** can provide information about these and any other coverage topics. Ask which providers are in-network and **can offer healthcare services at a lower cost to you**.

Not an actual healthcare provider or patient.

MANAGING TREATMENT COSTS: HEALTH INSURANCE (cont'd)

Treatment for blood cancer is multifaceted. It can require visits to doctor's offices, hospital stays, medical testing, blood work, diagnostic scans (such as computed tomography [CT] and magnetic resonance imaging [MRI]), and outpatient medical treatment. **Providers may bill services separately instead of consolidating them.**

What you are billed for and how much you pay depends on **the treatment you receive and your insurance coverage**. It's a good idea to understand the factors that can affect the bills you receive.

Here are some terms you should know:

Hospital bill: A charge for a service performed in a hospital. Hospital charges can be inpatient or outpatient.

Inpatient: This means you have been formally admitted to a hospital. Inpatient services are **generally more expensive than outpatient services**, but many health plans have a flat fee for hospital stays.

Outpatient: This means you have not been formally admitted to a hospital. However, outpatient services can include lab services, chemotherapy or infusion fees, diagnostic testing, or charges for medical supplies and equipment. Outpatient services are **generally less expensive than inpatient services**.

Doctor bill: A charge for a service performed by a doctor. This usually includes a charge for the doctor's time.

In-network: A healthcare provider who is in your insurance network. You usually have to pay significantly less for services from an in-network provider.

Out-of-network: A provider who is not included in your insurance network. You usually have to **pay more** for services from an out-of-network provider. Note: Some insurance plans, like a health maintenance organization (HMO) plan, may not permit or cover out-of-network services.

Explanation of benefits (EOB): An EOB is not a bill. It is a form that shows you what amount was charged to your insurance company for a medical service. Insurance companies often negotiate fees with providers. This can make your actual fee lower than what the hospital or provider may charge.

- Ensure that the patient responsibility listed on your provider's bill matches the patient responsibility on your EOB

Your **hospital billing department or a patient navigator** can help answer questions you have about bills. Your doctor can also help answer questions like these:

- What percentage of this service is covered by my insurance? What percentage am I responsible for?
- When will your office bill me?
- Who can help explain the different services provided to me?

MANAGING TREATMENT COSTS: MEDICARE

Medicare is a **federal health insurance program for people age 65 or older**. The program helps with the cost of healthcare, but it doesn't cover all medical expenses or the cost of most long-term care.

Medicare plans and coverage details can change from year to year. Visit **Medicare.gov** to get the latest information.

Medicare.gov

Get started >

UNDERSTANDING THE DIFFERENT PARTS OF MEDICARE

A

Medicare Part A (hospital insurance): Helps pay for your stay in a hospital or skilled nursing facility. It also covers some home healthcare, hospice care, and inpatient care in religious non-medical healthcare institutions.

B

Medicare Part B (medical insurance): Helps pay for doctor visits, outpatient care, home health services, medical equipment, mental health services, some prescription drugs, and other medical services. It also covers many preventative services to keep you healthy.

C

Medicare Part C (Medicare Advantage Plan): Combines Part A and Part B benefits, and usually includes prescription drug coverage and extra benefits like vision, hearing, and dental, all in one plan.

D

Medicare Part D (prescription drug coverage): Helps pay for your prescription medications.

+

Medicare Supplement Insurance (Medigap): Extra insurance that can be purchased from a private health insurance company. Medigap plans vary in what they cover and in how much they cost per month. Usually, the more a plan covers, the higher the cost. Talk to an insurance agent to assess which plan is right for you.

- Some patients choose a Medicare Advantage Plan instead of a Medigap policy

There's a lot to consider when choosing a Medicare plan.
It's important to ask questions up front so you get the coverage you need.

MANAGING TREATMENT COSTS: CHOOSING A MEDICARE PLAN

The Medicare **Open Enrollment period** is when you choose the Medicare plan you want. It begins on October 15 and ends on December 7. The choices you make **determine your coverage for the following year, beginning on January 1**.

Your insurance can be changed year to year if a different plan can better support your cancer-related expenses. **Please consider that when you change a plan, you may have a different cost structure moving forward.** There are no guarantees that each plan design will be offered every year.

Medicare.gov

If you need help, you can **speak or live-chat** with a Medicare representative **24 hours a day, 7 days a week** (except for some federal holidays).

Find help >

Things to consider when choosing a plan:

Q Is my treatment covered under Part B or Part D?

A Generally, **in-office treatments** (like infusions) are covered under **Part B**. **Treatments you do at home** (like oral medication or self-injections) tend to be covered under **Part D**.

Q Which ends up costing more, oral therapy or infusions?

A **Infusions** are normally covered under **Part B**. You usually pay **20%** of the Medicare-approved amount after you meet your deductible. **Oral medications** are normally covered under **Part D**, although some specialty medications may be covered under **Part B**. Drug costs vary depending on the plan you choose.

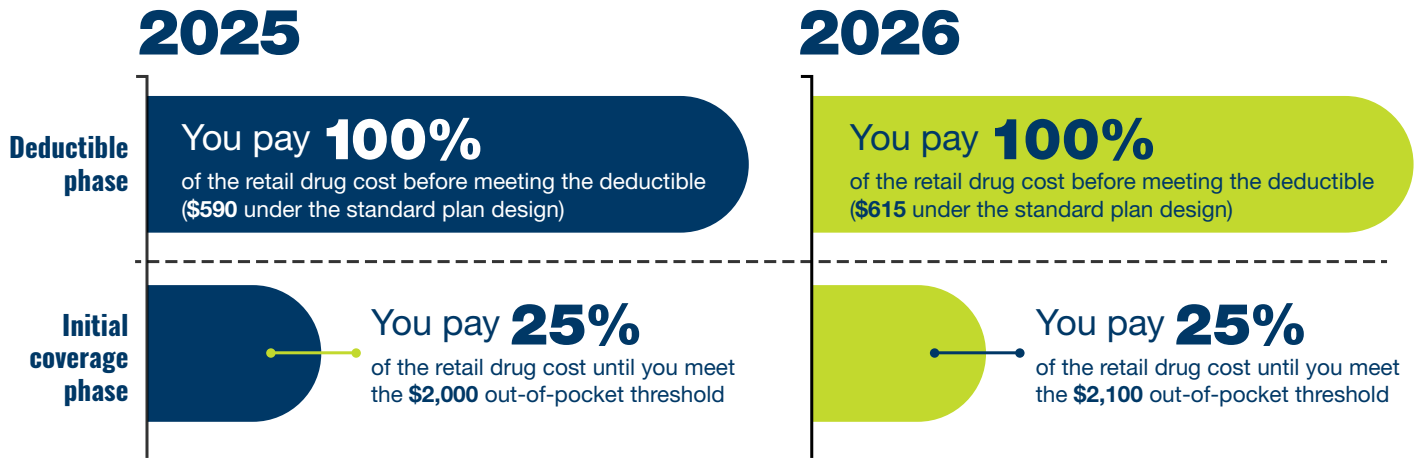
Medicare negotiates the price of certain drugs to bring costs down. Getting your medication at a **Medicare-preferred pharmacy** may also reduce your out-of-pocket costs.

Q What happens if I reach the coverage limit for my oral medication?

A **Medicare pays 100% of the cost** for covered drugs after you reach your out-of-pocket maximum. Once you reach that limit, **you will not pay anything more for covered prescription drugs** for the remainder of the calendar year if the treatment is approved by your insurance provider.

MANAGING TREATMENT COSTS: CHOOSING A MEDICARE PLAN (cont'd)

Starting in 2026, your yearly out-of-pocket cost for prescription drugs will be capped at $2,100*



*This amount does not include your monthly Medicare Part D premium.

Q If I have a Medicare Advantage Plan, what happens when I hit my out-of-pocket maximum for the year?

A **Medicare pays 100% of the cost** for covered, in-network services.

- Medicare Advantage Plans **vary with regard to out-of-pocket maximums**. It's a good idea to see what each plan offers

MEDICARE CAN BE COMPLICATED. BUT HELP IS AVAILABLE IF YOU NEED IT.

MEDICARE RIGHTS CENTER
Getting Medicare right

The Medicare Rights Center is a nonprofit organization that helps people navigate the Medicare system.

Visit site >

RESOURCES THAT CAN HELP YOU MANAGE TREATMENT COSTS

These organizations can help answer questions about insurance coverage and financial aid. If you are uninsured, they can help you get coverage. Meaningful financial assistance is available if you are in need.

Blood Cancer United (formerly the Leukemia and Lymphoma Society) can help overcome financial barriers and access the right care through financial assistance programs. They help blood cancer patients with treatment costs, insurance co-pays, travel, lodging, and essential living expenses.

Visit site

CancerCare® can offer information on financial issues and connect you with resources. They also provide limited financial assistance.

Visit site

FAIR Health® can help you understand your healthcare costs and health coverage.

Visit site

HealthCare.gov can help you find insurance coverage through the healthcare marketplace.

Visit site

Lymphoma Research Foundation offers Patient Aid Grants to help cover treatment-related costs of lymphoma and chronic lymphocytic leukemia (CLL).

Visit site

Patient Advocate Foundation can help navigate insurance coverage issues, disability and find financial assistance. They also offer limited co-pay and financial assistance.

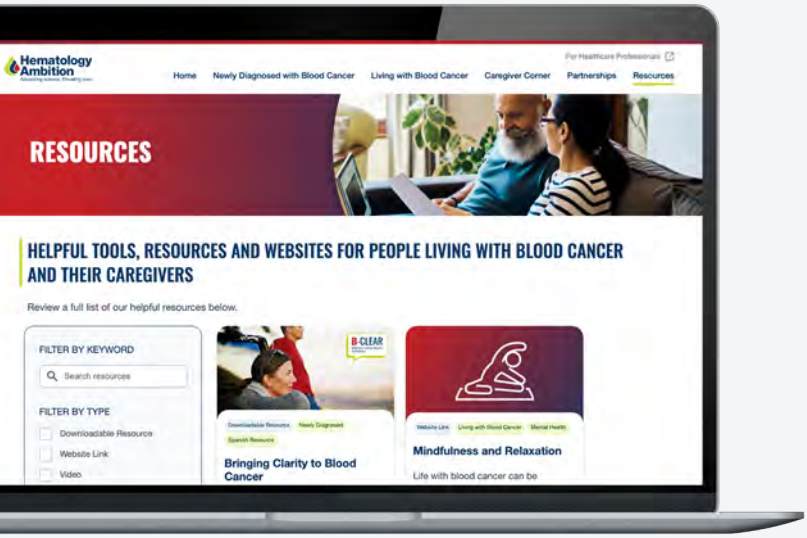
Visit site

ADDITIONAL RESOURCES

IF YOU HAVE BEEN PRESCRIBED A TREATMENT, YOU MAY HAVE FURTHER QUESTIONS ABOUT YOUR FINANCIAL OPTIONS.

Consider researching the pharmaceutical company associated with your treatment. Some pharmaceutical companies, like AstraZeneca, have programs that provide people with assistance to help them pay for their treatments.

Not an actual patient.



If you would like to learn more about blood cancer:

AstraZeneca has created resources for people with blood cancer and their caregivers.

Visit site >

Hematology Ambition
Advancing science. Elevating care.

AstraZeneca