



A Shopper's Guide

to

Cancer Insurance



About the NAIC ...

The National Association of Insurance Commissioners (NAIC) is the oldest association of state government officials. Its members consist of the chief insurance regulators in all 50 states, the District of Columbia and five U.S. territories. The primary responsibility of state insurance regulators is to protect the interests of insurance consumers, and the NAIC helps regulators fulfill that obligation in a number of different ways. This guide is one example of work done by the NAIC to assist states in educating and protecting consumers.

Another way the NAIC lends support to state regulators is by providing a forum for the development of uniform public policy when uniformity is appropriate. It does this through a series of model laws, regulations and guidelines, developed for the states' use. States that choose to do so may adopt the models intact or modify them to meet the needs of their marketplace and consumers.

The NAIC's mission is to assist state insurance regulators, individually and collectively, in serving the public interest and achieving the following fundamental insurance regulatory goals in a responsive, efficient and cost effective manner, consistent with the wishes of its members:

- Protect the public interest;
- Promote competitive markets;
- Facilitate the fair and equitable treatment of insurance consumers;
- Promote the reliability, solvency and financial solidity of insurance institutions; and
- Support and improve state regulation of insurance.

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Introduction

Cancer insurance provides benefits only if you get cancer. No policy will cover you for cancer diagnosed before you applied for the policy. Examples of other specified-disease policies are heart attack or stroke policies. The information in this booklet applies to cancer insurance, but could very well apply to other specified-disease policies.

Cancer Insurance is Not a Substitute for Comprehensive Coverage

Cancer treatment accounts for about 10 percent of all U.S. health expenses. In fact, no single disease accounts for more than a small proportion of the American public's health care bill. This is why it is essential to have insurance coverage for all conditions, not just cancer.

If you and your family are not protected against catastrophic medical costs, you should consider a major medical policy. These policies pay a large percentage of your covered costs after a deductible is paid, either by you or your basic insurance. They often have very high maximums, such as \$100,000 to \$1 million. Major medical policies will cover any accident or sickness, including cancer. They cost more than cancer policies because they cover more, but they are generally considered a better buy.

Should You Buy Cancer Insurance? Many People Do Not Need it

If you are considering cancer insurance, ask yourself three questions:

- Is my current coverage adequate for these costs?
- How much will treatment cost if I do get cancer?
- How likely am I to contract the disease?

If you have Medicare and want more insurance, a comprehensive Medicare supplement policy is what you need. Low-income people who are Medicaid recipients do not need any more insurance. If you think you might qualify, contact your local social service agency.

- **Duplicate Coverage is Expensive and Unnecessary.**

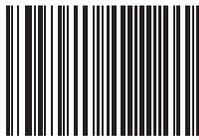
Buy basic coverage first, such as a major medical policy. Make sure any cancer policy will meet any needs not met by your basic insurance. You cannot assume that double coverage will result in double benefits. Many cancer policies advertise that they will pay benefits no matter what your other insurance pays. However, your basic policy might contain a coordination of benefits clause. That means it will not pay duplicate benefits. To find out if you can get benefits from both policies, check your major medical insurance, as well as the cancer policy.

- **Some Cancer Expenses Might Not be Covered, Even by a Cancer Policy.**
Medical costs of cancer treatment vary. On average, hospitalization accounts for 78 percent of such costs and physician services account for about 13 percent. The remainder goes for other professional services, drugs and nursing home care. Cancer patients often face large, non-medical expenses that are not usually covered by cancer insurance. Examples include home care, transportation and rehabilitation costs.
- **Do Not be Misled by Emotions.**
While three in 10 Americans will get cancer over a lifetime, seven in 10 will not. In any one year, only one American in 250 will get cancer. The odds are against you receiving any benefits from a cancer policy. Be sure you know what conditions must be met before the policy will start to pay your bills.

Caution: Limitations of Cancer Insurance

Cancer policies sold today vary widely in cost and coverage. If you decide to purchase a cancer policy, contact different companies and agents, and compare the policies before you buy. The following are some common limitations:

- **Some policies pay only for hospital care.**
Today cancer treatment, including radiation, chemotherapy and some surgery, is often given on an outpatient basis. Because the average stay in the hospital for a cancer patient is only 13 days, a policy that pays only when you are hospitalized has limited value.
- **Many policies promise to increase benefits after a patient has been in the hospital for 90 consecutive days.**
However, because the average stay in a hospital for a cancer patient is 13 days, large dollar amounts for extended benefits have very little value for most patients.
- **Many cancer insurance policies have fixed dollar limits.**
For example, a policy might pay only up to \$1,500 for surgery costs or \$1,000 for radiation therapy, or it might have fixed payments, such as \$50 or \$100 for each day in the hospital. Others limit total benefits to a fixed amount, such as \$5,000 or \$10,000.
- **No policy will cover cancer diagnosed before you applied for the policy.**
Some policies will deny coverage if you are later found to have had cancer at the time of purchase, even if you did not know it.
- **Most cancer insurance does not cover cancer-related illnesses.**
Cancer or its treatment might lead to other physical problems, such as infection, diabetes or pneumonia.
- **Many policies contain time limits.**
Some policies require waiting periods of 30 days or even several months before you are covered. Others stop paying benefits after a fixed period of two or three years.



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