Cancer, Work & Health Insurance  
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Executive Summary

Managing Insurance, Disability & Social Security Issues  
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- Things to do before you lose your job:
  - Communicate with your employer.
  - Try to work with your employer and find compromises.
  - Find out what short term and long term disability benefits are offered.
  - Begin the application process for benefits.
  - Negotiate with your employer regarding:
    - Non-FMLA leaves without pay
    - Severance agreements
    - Payment for COBRA benefits
- Seek the assistance of professionals:
  - Board for People with Disabilities
  - Dept. of Rehabilitative Services
  - Legal Information Network for Cancer
    - Severance agreements
    - Payment for COBRA benefits
- Plan an Exit Strategy:
  - Do not resign without getting money in return.
  - Do not get terminated for willful misconduct (follow all the rules)
  - Keep records, including names of witnesses.

- Unemployment Compensation Benefits
  - Being unable to work due to disability disqualifies one from unemployment compensation.
  - Employment compensation may only be collected if one is fired from his or her job, but is actively seeking employment.
  - Just because one job is not feasible due to cancer treatment does not mean all jobs are not feasible/
Disability Coverage
- Short-term Disability coverage generally covers periods of six months or less, and often only covers up to 90 days.
- There is often a gap between short and long-term disability.
- There is always a waiting period for long-term disability, usually between 6 months and a year.
- For long-term disability there has to be a sickness or injury (disabling condition), and if it’s employer-provided, it must have begun while employed.
- There can be a range of qualifying definitions for long-term disabilities, so the applicant must be very careful.

Social Security Disability
- Impairment must be expected to last at least 12 months in a row or end in death.
- Impairment must be such that you are not able to work.
- Ability to do certain physical functions may disqualify you.
- Upon application for Social Security Disability, a functional analysis will assess one’s condition affects the ability to do work-related functions.
- Abilities needed to work include physical and mental elements.
- It is important that the applicant take every opportunity to tell the SSA how the disabling condition limits the ability to function.
- It is also important that the applicants doctors and health care providers are told how the condition limits the ability to function.
- A Daily Activity Form will have to be completed. In this the applicant should describe a typical day, focusing on the things he or she cannot do and focusing on things that have changed since the onset of the disability.

COBRA
- If you lose your health care coverage because you’re terminated, you and your beneficiaries (spouse, dependents) can elect independent coverage.
- Must be aware of critical dates:
  - 60 days to notify employer of qualifying event
  - 60 days to elect coverage after receipt of notice
  - 45 days after election of coverage, first payment is due
  - 30 day grace period for late payment
- At the end of COBRA coverage, there is no pre-existing coverage exclusion if covered in new group plan within 63 days.

Conversion Coverage
- Every health insurance company must give notice of termination of coverage with in 15 days of event.
- Insurance company must offer continuation of coverage at individual rate or
- Allow continuation in group plan for 90 days.
- Both options do not require evidence of insurability.
- Premiums will vary.
- Participating family members offered same options.
- Must make conversion election within 31 days.

- Loss of Coverage—Pre-existing Condition Exclusion
  - Break in coverage triggers pre-existing condition exclusion, which means that treatment for cancer will not be covered for a period of time if a patient has had any lapse in coverage.
  - Preexisting and other limitations on coverage will not apply if conversion to individual policy or group plan occurs within 31 days.
  - Exclusions can extend up to 12 months after enrollment date.

- Mandated Benefits
  - List of benefits that have been enacted to protect cancer patients within the last 8-10 years:
    - Patient must be allowed to use off-label prescription drugs.
    - Patient must be allowed excess of recommended dosage of prescription drugs used for cancer pain.
    - Freedom to choose pharmacy of choice
    - Standing referral from primary care physician to specialist for treatment period.
    - Standing referral from primary care physician to oncologist or pain management specialist.
    - Cannot deny renewal or cancel coverage if a person is diagnosed with a fibrocystic condition, breast cancer, or a family history of such.
    - Routine follow-up care for recurrence of breast cancer shall not be disallowed as a pre-existing condition if cancer free for five years.
    - Mammograms allowed beginning at age 35.
    - Bone marrow transplants for breast cancer.
    - Pap smears
    - Reconstructive breast surgery
    - Minimum inpatient stay for mastectomies.
    - Routine PSA testing for persons over 50 or who are high risk
    - Colorectal cancer screening
    - Patient costs for participation in phase II, III and IV cancer clinical trials
    - Hospice care