



## **Diabetes Financial Help**

Diabetes treatment is expensive. According to the American Diabetes Association (ADA), people who have this disease spend an average of \$13,243 a year on health care expenses. The 2006 American Association of Clinical Endocrinologists (AACE) report states that as a nation, an estimated \$22.9 billion is spent on direct medical costs related to diabetes complications, such as physician/healthcare professional visits, hospital stays, other medical services and equipment, and prescribed medications.

Many people who have diabetes - who have estimated healthcare costs totaling about three times that of the Average American without diagnosed diabetes - need help paying some of the bills. It's a good idea to start by looking for an insurance plan that covers as many diabetes-related expenses as possible. A variety of governmental and nongovernmental programs exist to help, depending on whether you qualify.

### **Medicare**

Medicare is a government program providing health care services for people who are 65 years and older. People who are disabled or have become disabled also can apply for Medicare, and limited coverage is available for people of all ages with kidney failure. To learn if you're eligible, check with your local Social Security office or call the Medicare Hotline listed below. Medicare now includes coverage for glucose monitors, test strips, and lancets as well as medical nutrition therapy services for people with diabetes or kidney disease when referred by a doctor. Diabetes self-management training, therapeutic shoes, glaucoma screening, and flu and pneumonia shots are also covered.

For more information about Medicare benefits, call the National Diabetes Education Program at 800.438.5383 and request copies of *The Power to Control Diabetes Is in Your Hands* and *Expanded Medicare Coverage of Diabetes Services*, or read them online at [www.ndep.nih.gov](http://www.ndep.nih.gov) (click on "Control" under "About Diabetes and Pre-Diabetes"). You can also read the booklet *Medicare Coverage of Diabetes Supplies & Services* (PDF) online or request a copy from:

Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Phone: 800.MEDICARE (633.4227)  
Internet: [www.medicare.gov](http://www.medicare.gov)

### **Medicaid**

Medicaid is a state health assistance program for people based on financial need. Your income must be below a certain level to qualify for Medicaid funds. To apply, talk with a social worker or contact your local department of human services. Check the government pages of your phone book.

### **State Children's Health Insurance Program**

The U.S. Department of Health and Human Services has established the State Children's Health Insurance Program (SCHIP) to help children without health insurance.

SCHIP provides health coverage for children whose families earn too much to qualify for Medicaid but too little to afford private health insurance. Consumers can obtain information about the program by calling toll-free 877.KIDS-NOW (543.7669), or by checking [www.insurekidsnow.gov](http://www.insurekidsnow.gov).

### **Health Insurance**

Because health insurance is meant to cover unexpected future illnesses, diabetes that has already been diagnosed presents a problem. It is considered a preexisting condition so finding coverage may be difficult. Many insurance companies have a specific waiting period during which they do not cover diabetes-related expenses for new enrollees, although they will cover other medical expenses that arise during this time.

Recent state and Federal laws, however, may help. Many states now require insurance companies to cover diabetes supplies and education. The Health Insurance Portability Act, passed by Congress in 1996, limits insurance companies from denying coverage because of a preexisting condition. To find out more about these laws, contact your state insurance regulatory office. This office can also help you find an insurance company that offers individual coverage.

### **Managed Care**

Most HMOs keep costs down by limiting the choice of doctors to those who belong to the network, restricting access to specialists, reducing hospital stays, and emphasizing preventive care. In most managed care plans, especially Medicare HMOs, you select a primary care physician who will be responsible for directing your care and referring you to specialists when he or she feels it's necessary. Some plans also cover extra benefits like prescription drugs.

For more information on managed care organizations, particularly the quality of care offered to patients, you may want to contact the National Committee for Quality Assurance (NCQA) at 888.275.7585 or see [www.ncqa.org](http://www.ncqa.org).

Medicare also has many publications to help you learn more about managed care. Go to [www.medicare.gov](http://www.medicare.gov) on the Internet or call 800.MEDICARE (633.4227) for more information.

### **Health Insurance After Leaving a Job**

If you lose your health coverage when you leave your job, you may be able to buy group coverage for up to 18 months under a Federal law called the Consolidated Omnibus Budget Reconciliation Act or COBRA. Buying group coverage is cheaper than going out alone to buy individual coverage. If you have a disability, you can extend COBRA coverage for up to 29 months. COBRA may also cover young people who were insured under a parent's policy but have reached the age limit and are trying to obtain their own insurance.

For more information, call the Department of Labor at 866.487.2365 or see [www.dol.gov/dol/topic/health-plans/cobra.htm](http://www.dol.gov/dol/topic/health-plans/cobra.htm)

- If you don't qualify for coverage or if your COBRA coverage has expired, you can still seek other options
- Some states require employers to offer conversion policies, in which you stay with your insurance company but buy individual coverage.

- Some professional or alumni organizations offer group coverage for members.
- Your state may be one of 29 with a high-risk pool for people unable to get coverage.
- Some insurance companies also offer stopgap policies designed for people who are between jobs.

Contact your state insurance regulatory office for more information on these and other options. Information on consumer health plans is also available at the U.S. Department of Labor's website at [www.dol.gov/dol/topic/health-plans/consumerinfhealth.htm](http://www.dol.gov/dol/topic/health-plans/consumerinfhealth.htm).