

Checklist of Expenses

You can use the checklist on the next page to help you keep track of your costs. There are some examples on this page for you to reference when filling out your own.

Don't worry about filling in all the blanks at once, and feel free to ignore the ones that don't apply to you. You also don't need to know exact numbers - estimates are absolutely fine for helping you get a big-picture view of expected costs.

If you have health insurance and your services, prescriptions, and providers are considered in-network, the most you will pay each year is the sum of your monthly premiums and out-of-pocket maximum. For example:

	Month	# of months	Yearly total
Monthly premiums	\$400	12	\$4,800
Out-of-pocket maximum	Varies*	Varies**	\$8,200**
The most you will pay for covered medical services in a year			\$13,000

* When you pay your out-of-pocket maximum will depend on your health insurance coverage and when you have medical services. Your deductible, coinsurance, and copayments generally count toward your out-of-pocket maximum for the year. After you reach your out-of-pocket maximum your insurance company pays 100% for covered services.

** \$8,200 is the out-of-pocket maximum for an individual plan in 2020 under the Affordable Care Act.

You can find more information about what you can expect to pay at www.healthcare.gov.

You will also have treatment-related costs that are not considered medical expenses, but can add up over time. Planning ahead can help you find ways to pay for these costs. For example:

	Unit cost	# of units	Yearly total
Parking at hospital	\$25 per visit	20 visits	\$500

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If you have health insurance, use this table to estimate the most you will pay each year for your medical expenses.

	Month	# of months	Yearly total
Monthly premiums			
Out-of-pocket maximum			
Medical costs not covered by insurance			
Out-of-network care and services			
Medications			
The most you will pay for medical services in a year			

Use this table to estimate your treatment-related costs that are not considered medical expenses. The blank rows are there for any costs related to your treatment that aren't already listed.

	Unit cost	# of units	Yearly total
Parking at hospital			
Meals at hospital			
Scarves, hats, wigs, etc.			
Nutritional supplements			
Wheelchair/access modifications			
Counseling			

Knowing the total costs that you usually pay to maintain your home and lifestyle will help you plan for the added costs of cancer treatment. Use this table to estimate those typical costs. The blank rows are there for any costs that aren't already listed.

	Month	# of months	Yearly total
Mortgage or rent			
Electric			
Gas for heat/cooking			
Water and sewer			
Internet			
Cell phone			
Groceries			
Credit card			
Car Insurance			
Gas for car			
Childcare or eldercare			
Subscriptions			
Other loans			

