

Checklist of Expenses

You can use the blank checklist on the following pages to help keep track of your costs. Don't worry about filling in all of 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 better sense 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** | \$18,200** |
| The most you will pay for covered medical services in a year | | | \$23,000 |

* Which month 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 will pay 100% of covered services.

** \$18,200 is the out-of-pocket maximum for a **family plan** in 2023 under the Affordable Care Act. The out-of-pocket maximum for an **individual plan** is \$9,100. 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 |

Medical Expenses

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 | | | |
| Quality of life expenses | | | |
| The most you will pay for medical services in a year | | | |

Treatment-Related Costs

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 | | | |
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| Yearly Total | | | |

Everyday Costs

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.

| | Month | # of months | Yearly total |
|------------------------------------|-------|-------------|--------------|
| Mortgage or rent | | | |
| Electric | | | |
| Gas for heat/cooking | | | |
| Water and sewer | | | |
| Internet | | | |
| Cell phone | | | |
| Groceries | | | |
| Meals Out/Takeout | | | |
| Credit card | | | |
| Car Insurance | | | |
| Gas for car | | | |
| Childcare or eldercare | | | |
| Subscriptions | | | |
| Other loans | | | |
| Entertainment/Recreation | | | |
| Streaming services (Netflix, etc.) | | | |
| Personal care items | | | |
| Gifts | | | |

Here's a blank table for any costs that aren't already listed.

| | Month | # of months | Yearly total |
|--------------|-------|-------------|--------------|
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| Yearly Total | | | |