



INDIVIDUALS DIAGNOSED WITH BREAST AND/OR CERVICAL CANCER MAY BE ELIGIBLE FOR ***FREE*** TREATMENT

UNDER THE BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

A new government program provides ***free*** treatment for low-income individuals who need treatment for diagnosed breast and/or cervical cancer and either:

- Do not have health insurance; OR
- Have health insurance but would pay over \$750 in the first year of treatment for cancer.

Applicants do not have to be “qualified immigrants” to participate. BCCTP is not a public charge.

To be eligible for BCCTP, an individual must be:

- A California resident in need of cancer treatment;
- Low-income: at or below 200% of the federal poverty level (approximately \$17,724 per year for a single person or \$36,204 per year for a family of four);
- Uninsured or underinsured (would pay over \$750 in the first year of treatment for breast and/or cervical cancer through co-payments, deductibles and premiums); AND
- Diagnosed with breast and/or cervical cancer, or a qualifying pre-cancerous condition.

Only BCEDP, BCCCP or Family PACT providers can enroll individuals. Applications are only available on the Internet. Providers who do not participate in one of these three programs or do not have Internet access may send pathology reports to participating providers to enroll their patients. Individuals can also call the BCCTP Hotline (see below) for referrals to providers.

*Most applicants will get immediate confirmation of their application and access to full Medi-Cal benefits for up to two months. This means that in addition to free cancer treatment, these people can use the dentist ***for free***, get a flu shot ***for free***, and see a doctor for other health problems ***for free***.*

The Department of Health Services (DHS) will place eligible applicants into one of two long-term BCCTP programs: the *Federal Program* or the *State-funded Program*.

Placement depends on the applicant's age, immigration status, whether s/he is uninsured or underinsured, and whether s/he is a man or woman. To be eligible for either program, the applicant must state that s/he is applying for “continuing Medi-Cal coverage.” Most applicants who do not apply for continuing Medi-Cal coverage will still receive full-scope Medi-Cal for up to two months.

1. The ***Federal Program*** provides full-scope no-cost Medi-Cal benefits for the duration of necessary cancer treatment and up to three months of retroactive coverage for individuals who would have been eligible earlier. This program is for uninsured women under 65 who are “qualified immigrants” or citizens. *Immigration status is verified via a one-way check by DHS. The INS will not have access to applicant names or contact information from this application.*
 2. The ***State-funded Program*** provides cancer treatment for 18 months for breast cancer and 24 months for cervical cancer. *Applicants do not have to be “qualified immigrants” to be eligible for this program.*
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For more information call the BCCTP Hotline at (800) 824-0088 or the HAP Hotline at (800) 257-6900.
Provided by the California Women's Law Center, Breast Cancer Legal Project.

www.cwlc.org