Navigating Your Cancer Care

Learn how we assess your treatment plan for coverage

We are here to support you and help you understand why your treatment plan may or may not be covered. Cancer treatment advances rapidly, and our process ensures that you’re getting the most appropriate, effective care with minimal side effects, based on approved clinical guidelines.

How We Assess Your Treatment

The doctor who orders your oncology treatment will request prior authorization, a process that determines eligibility for coverage based on medical necessity. We work with Carelon Medical Benefits Management, an independent company with board-certified oncologists, to make that important assessment.

If your treatment plan meets clinical guidelines, your doctor will be notified in real time that it will be covered.

If your treatment plan doesn’t meet clinical guidelines, Carelon Medical Benefits Management will be available to discuss covered, evidence-based treatment options with your doctor.

What to Know About Prior Authorization

Your doctor is responsible for submitting prior authorization requests and should be familiar with this process, but it’s important to remind them.

If your doctor doesn’t request and receive prior authorization before you start cancer treatment, you may be financially responsible for the cost of these services.

Questions?

We’re here to support you on your health care journey. If you have any questions, call Member Service at the number on your ID card.