

Statement of Betsy Glassman – October 18, 2018
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I was living in the DC metro area to help my mother with Alzheimer's and I became sick in late fall 2013.

In December of that year, I was informed that my individual private insurance plan would be terminated. I was given 10 days' notice.

Two days after I was notified, I was diagnosed with Stage 4 cancer and informed I needed an immediate operation and chemotherapy following the operation. I was very sick and not working much in the late fall because of it, and now I faced expensive treatments with no insurance. It was horrible. I was so sick I could barely sit up as I contemplated selling my Connecticut home and depleting my entire retirement savings accrued over 40+ yrs. I cry to think of the state I was in.

But I got lucky because the next month the Affordable Care Act was implemented and I signed up for ACA insurance in Maryland. Subsequently, I moved back to Connecticut and for a time received Medicaid, because of my limited income.

Due to issues transitioning from private insurance to ACA coverage in Maryland and then Medicaid in Connecticut, I continued to receive statements from the private insurance company for several months. Those statements showed the following costs:

- Cost of diagnosis, operation and 6-day hospital stay=About **\$175,000**
- Cost of 12 rounds of chemotherapy: **\$480,000** based on "provider charge" and **\$250,000** based on "allowed charge." "You pay" (cost to individual) was **\$3,500/round x 12 rounds = \$42,000.**