



Breast and Cervical Cancer Program (BCCP) Eligibility Checklist

A breast and cervical cancer screening program for under-served populations in Oregon.

BCCP Eligibility Requirements Checklist (all criteria are self-declared):

- Oregon Resident (client lives or intends to live in Oregon)
- Household income level below 250% Federal Poverty Level (see attached table)
- Insurance Status eligible per the following criteria:
 1. Uninsured, or
 2. Underinsured
 - a. Insurance does not pay for preventive health exams, e.g. mammograms. Ask client to check policy for this.
 - b. Unmet deductible of \$500 or more. BCCP does not cover co-pays.
- Gender and Age eligible per the following criteria:
 1. Women
 - a. 50 and over – eligible for breast and cervical cancer screening, including CBE, pap/pelvic, mammograms, etc.
 - b. 40 to 49 – symptomatic for breast or cervical cancer.
 - c. Under 40 – symptomatic women eligible for **only breast cancer services**. **Please contact BCCP for approval.** Breast symptoms for women under 40 include:
 - i. A persistent suspicious mass demonstrated over 2 CBEs at least a menstrual cycle apart; or
 - ii. One or more of the following: spontaneous bloody/serous nipple discharge, nipple scaliness, skin dimpling or retraction, ulceration, inflammation of skin, and/or a mammogram or ultrasound that is “suspicious for malignancy.”
 2. Men - All ages - who are symptomatic for breast cancer are eligible for same breast services as women under 40. **Please contact BCCP for approval.**

Breast and Cervical Cancer Medical Program (BCCM):

Only women can be enrolled in the BCCM Program, which is a portal to OHP Plus for breast and/or cervical cancer treatment. The woman must be enrolled in the BCC Program, and have a definitive diagnosis of breast cancer or CIN II/III or invasive cervical cancer. **Contact BCCP for enrollment.**

Funding for this program is provided by the Centers for Disease Control and Prevention and the Susan G. Komen for the Cure Oregon and SW Washington Affiliate.



Breast & Cervical Cancer Program (BCCP) Income Eligibility - 2009 Federal Poverty Guidelines

<u>Size of Family Unit</u>	Annual Income: 250% of Federal Poverty Level	Monthly Income: 250% of Federal Poverty Level
1	\$27,075	\$2,258
2	\$36,425	\$3,035
3	\$45,775	\$3,815
4	\$55,125	\$4,595
5	\$64,475	\$5,373
6	\$73,825	\$6,153
7	\$83,175	\$6,933
8	\$92,525	\$7,710

- (a) To determine Annual Federal Poverty Level for family units with more than eight members, add \$9,350 for each additional member.
- (b) To determine Monthly Federal Poverty Level for family units with more than eight members, add \$779 for each additional member.

For More Information:

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