



Oregon Breast & Cervical Cancer Program  
Department of Human Services  
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### **Breast and Cervical Cancer Program (BCCP)**

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. 40 and over – eligible for breast and cervical cancer screening, including CBE, pap/pelvic, mammograms, etc.
    - b. Under 40 – symptomatic women eligible for **only breast cancer services. Please contact BCCP for approval.** Breast symptoms include:
      - i. A persistent suspicious mass demonstrated over 2 CBEs at least a menstrual cycle apart; or
      - ii. An initial CBE demonstrating one or more of the following: 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.

#### **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 uninsured, enrolled in the BCC Program, and have a definitive diagnosis of cancer, CIN II or CIN III. **Please 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.



# 2008 Federal Poverty Guidelines

## Breast & Cervical Cancer Program (BCCP)

### Income Eligibility

(Based on 12 months)

<u>Size of Family Unit</u>	<u>Annual Income: 250% of Federal Poverty Level</u>	<u>Monthly Income: 250% of Federal Poverty Level</u>
1	\$26,000	\$2,167
2	\$35,000	\$2,917
3	\$44,000	\$3,667
4	\$53,000	\$4,417
5	\$62,000	\$5,167
6	\$71,000	\$5,917
7	\$80,000	\$6,667
8	\$89,000	\$7,417

- (a) To determine Annual Federal Poverty Level for family units with more than eight members, add \$9,000 for each additional member.
- (b) To determine Monthly Federal Poverty Level for family units with more than eight members, add \$750 for each additional member.

**SOURCE:** *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972