**Table A2. Estimated overall out-of-pocket patient costs by frontier and remote areas category, 6 months following cancer diagnosis including the month of diagnosis, based on APCD claims, 2012-2017, N=** **89,703 (excluded those who were missing)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage month of diagnosis** | **Not in frontier and remote areas** | | **In frontier and remote areas** | |
| **Mean (SD)** | **Median (IQR)** | **Mean (SD)** | **Median (IQR)** |
| All plans |  |  |  |  |
| Medical only | 2970 (18517) | 597 (0, 2622) | 3849 (17774) | 218 (0, 2550) |
| Medical + pharmacy | 1868 (7737) | 482 (31, 2137) | 2858 (12220) | 323 (16, 2992) |
| Pharmacy only | 373 (822) | 155 (40, 389) | 468 (3815) | 123 (34, 346) |
|  |  |  |  |  |
| Medicare (N=32,946) |  |  |  |  |
| Traditional Part A and/or B, no supplement | 3846 (20671) | 1404 (232, 3791) | 5471 (20011) | 1740 (260, 4352) |
| Traditional Part A and/or B, supplement | 459 (1815) | 0 (0, 0) | 391 (1617) | 0 (0, 0) |
| Traditional Part A and/or B, D1 | 2280 (17059) | 244 (63, 725) | 2609 (17024) | 229 (54, 784) |
|  |  |  |  |  |
| Medicare Advantage plan | 1303 (1662) | 694 (181, 1753) | 2240 (2189) | 1483 (558, 3428) |
|  |  |  |  |  |
| Medicaid only | 151 (1014) | 14 (0, 54) | 416 (6170) | 16 (0, 60) |
|  |  |  |  |  |
| Medicaid + Medicare (Duals) | 300 (787) | 5 (0, 90) | 191 (695) | 1 (0, 23) |
|  |  |  |  |  |
| Private (N=17,563) |  |  |  |  |
| Medical only | 2309 (7802) | 258 (0, 2735) | 2336 (3982) | 262 (0, 3404) |
| Medical and pharmacy | 3722 (6563) | 2648 (981, 5064) | 5502 (11945) | 3606 (1313, 6300) |
| Pharmacy only | 207 (509) | 30 (0, 167) | 99 (87) | 133 (0, 163) |
|  |  |  |  |  |
| Single private plan | 3500 (6797) | 2317 (650, 4882) | 4802 (10808) | 3068 (628, 5961) |
| Two or more private plans | 2556 (3161) | 1804 (340, 3399) | 5184 (4381) | 2787 (2525, 10240) |
|  |  |  |  |  |
| Fee-for-service | 4475 (7234) | 3352 (1322, 5807) | 5990 (13901) | 3705 (1300, 6244) |
| Managed care | 2764 (2813) | 1865 (720, 3960) | 4294 (3626) | 3625 (1290, 6510) |
| Self-funded or unknown | 2631 (10258) | 699 (0, 3390) | 2684 (3824) | 1030 (0, 4051) |

Notes: Data presented as dollars. All patients were continuously enrolled in the same plan for 6 months including the month of diagnosis. Abbreviations: APCD, all-payer claims database; SD, standard deviation; IQR, Interquartile range; APCD is considered the gold standard for assessing insurance characteristics. Out-of-pocket costs defined as deductibles, co-pays, and coinsurance.