Preventive Care
Preventive care is intended to help keep you healthy and detect certain diseases early. At Kaiser Permanente, you have a health care team dedicated to keeping you healthy and on track with preventive care all year long. We’re here to help you understand what your preventive visit benefits are and any out-of-pocket costs you may incur. This document will guide you through the basics of your preventive care benefits so you can get the care you need.

Preventive Tests
Many common preventive tests are covered at no cost to you once per benefit year.* These include:

- Cholesterol test (fasting or non-fasting)
- Fasting blood sugar test for Type 2 diabetes
- Mammography screening for breast cancer
- Pap and when indicated HPV testing
- Prostate blood test (PSA) for men
- Routine childhood immunizations
- Screening for select sexually transmitted infections
- Stool card test for colon cancer screening
- Tuberculosis skin test

*This list is not inclusive. If you have questions about other tests or screenings please call Member Services. The above tests are covered at no charge to you unless your doctor orders them because you have symptoms or you need them because you already have an existing health condition. Other tests that are ordered are covered by your Lab benefit, which means you may or may not have a cost-share (out-of-pocket expense), depending on your plan. Please refer to your Evidence of Coverage (EOC) for Lab benefit coverage.

Preventive Office Visits
Most preventive office visits are covered at no cost to you. An office visit is considered preventive if you have no symptoms indicating that you are in need of new tests or treatment, and if no signs of illness are discovered during your examination. If there is a cost, the amount billed depends partly on your benefit plan and partly on what takes place during the preventive office visit.

IMPORTANT BILLING INFORMATION:
You will likely receive an office visit charge or copayment billed to you for a preventive visit if:
- You discuss new symptoms or new health problems during your prevention visit;
- or you receive treatment or testing for an existing health condition that is not stable at the time of the visit, such as diabetes with uncontrolled blood sugars.

Examples of tests that may be ordered during a preventive visit that often DO have a cost for deductible plans include: EKG, chest x-ray, electrolyte panel, kidney function test, liver function tests, complete blood count, thyroid screening, and biopsies performed with a colonoscopy.

NOTE: Depending on your age and gender, some screening tests and in-person office visits may not be necessary every year. For example, new national guidelines allow for pap smear testing every three years for most women who are at low risk for cervical cancer. If you have a question about whether you are due for a preventive test, please contact your health care provider by email or schedule a phone visit. Visit kp.org/prevention for a complete list of recommended screenings by gender and age.
QUESTIONS AND ANSWERS

Q: What does cost-share mean?
A: Cost-share is the out-of-pocket copayment, deductible amount, or coinsurance you pay for receiving certain covered services or prescriptions, as explained in your EOC.

Q: I have a routine physical scheduled. Will I be billed above my preventive copayment for this visit if additional symptoms are addressed?
A: You will not likely be charged if the symptoms are addressed quickly and you do not require new tests or treatment during your visit.

- **Example 1:** A quick adjustment of blood pressure medications will not likely result in a bill. If you have new concerns and you are not certain if addressing these concerns will be covered under your preventive copayment, please ask your provider at the time of the visit.

- **Example 2:** If you discuss symptoms of knee pain and require further testing or you have symptoms of pneumonia and are treated during the visit. You will receive a bill for these costs after your visit.

- **Note:** If you have a Lab benefit with a cost-share you will be responsible for any non-preventive labs or tests.

Q: I’m on a deductible plan. What type of costs will I incur for preventive care?
A: As described on the previous page, preventive lab tests are covered at no cost. However, if you have an ongoing or known condition that requires laboratory testing and monitoring, these tests are not considered preventive and you may incur a cost. Also, any additional non-preventive lab tests or procedures performed during your visit would be subject to your plan deductible.

- **Example:** During your checkup, your doctor might decide that a mole needs to be removed for testing. Because mole removal is considered a non-preventive care service, you will be billed an additional copayment, coinsurance, or deductible payment for this procedure. You will receive a bill for these costs after your visit.

Deductible Plans
Our deductible plans cover most preventive care services at little or no cost to you. Our knowledgeable financial counselors can help you understand your out-of-pocket costs and provide a price estimate. Call Financial Counseling at 303-338-3025 or 1-877-803-1929 (TTY: 1-800-659-2656), weekdays, 8 a.m. to 5 p.m. Or, visit our website for more information at kp.org/deductibleplans.

Learn More
When it comes to deciding which screenings or preventive services are covered and which are not, Kaiser Permanente’s practices are guided by government regulations.

If you have questions about your preventive benefit coverage please review your Evidence of Coverage (EOC) or call Member Services, weekdays, 8 a.m. to 5 p.m., at:

- Denver/Boulder: 303-338-3800 (TTY for the deaf, hard of hearing, or speech impaired: 303-338-3820)
- Northern Colorado: toll-free 1-800-632-9700 (TTY: 1-800-521-4874)

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