Here are some answers to common questions about preventive care.

Q: Where can I get a complete list of preventive care services covered by my plan?
A: See your Evidence of Coverage, Summary Plan Description, or other plan documents for a full list of preventive care services covered by your plan.

Q: Can I get any preventive service?
A: Coverage for many services depends on your age, gender, overall health, and other factors. Services for women may not be appropriate for men, and services specifically for children won’t be covered for adults. Work with your doctor to determine when and how often you should get specific services.

Q: Are prescription drugs considered preventive?
A: No. Prescription drugs are used to treat or manage a condition you already have. That means they’re non-preventive. Our health plans cover prescription drugs, but you’ll need to pay a copay, coinsurance, or deductible payment based on your plan details.

Q: Is there a limit on how often I can get preventive services?
A: Yes. But the limit varies depending on which services you need and your age, gender, and overall health. Your doctor can help you decide how often you should get any services you need.

Q: I went in for preventive care and got a bill later. Why?
A: Preventive care is usually offered at no cost or at a copay.* But you may come in for preventive care and need other services too. For example, during a routine physical exam, your doctor might find a mole that needs to be removed for testing. Because mole removal and testing are non-preventive, you’d probably need to pay for these services. If you don’t pay for them during your visit, you’ll get a bill later.

Q: I went in for a routine physical exam and got a bill for blood tests. Why?
A: Your routine physical exam is a preventive care service, so it’s covered at no cost or at a copay. But if your doctor orders blood tests during your visit, you may have extra costs.

For example, if you’re feeling more tired than usual, your doctor might order a Complete Blood Count (CBC) test to help figure out why. Since the test is non-preventive, you’ll probably need to pay an extra copay, coinsurance, or deductible payment. If you don’t pay for the test during your visit, you’ll get a bill later.

Q: If my plan has a deductible, does the deductible apply to preventive care services?
A: No. Most preventive care services are always covered at no cost or at a copay – even before you reach your deductible.

*Depending on your plan, preventive care services are covered at no cost or at a copay. For more information, see your Evidence of Coverage or Summary Plan Description.

If you are enrolled through a group’s self-funded EPO plan, your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

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