

Understanding preventive care



At Kaiser Permanente, we believe in the power of prevention.

Preventive care services can catch problems early, when they're easier – and safer – to treat. That's why preventive services are covered at no cost or at a copay.* By working with your doctor to get the preventive care that's right for you, you can stay on track for good health.

What is preventive care?

You get preventive care services when you're healthy, so you can stay that way. They help keep track of your health when you haven't shown any symptoms. They include routine checkups and preventive screenings like mammograms and cholesterol screenings.

So which services should you get and when? That depends on your age, gender, overall health, and other factors. Your doctor can help you decide exactly when and how often to get specific preventive care services.

Costs for non-preventive care services

During any visit, you may get different kinds of services. If you go in for preventive care, you might also get non-preventive services. Most preventive care is covered no cost or at a copay. But you'll need to pay an extra copay, coinsurance, or deductible payment for any non-preventive services you receive.

Examples of preventive care services

For adults

- Cholesterol screenings
- Colon cancer screenings
- Diabetes screenings
- Family planning services, including (but not limited to):
 - Contraceptive and family planning counseling
 - Contraceptive devices and contraceptive drugs
- Immunizations
- Routine physical exams

Additional services for women:

- Breastfeeding support, supplies, and counseling
- Prenatal care
- Routine mammograms
- Routine Pap tests

For children

- Hearing screening for newborns
- Immunizations
- Periodic well-child visits
- Sexually transmitted infection (STI) screenings and prevention counseling for adolescents
- Vision screenings

*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 Exclusive Provider Organization (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.

When is a service not preventive?

If you have symptoms of a condition, your doctor may order a service to help find out what it is or help treat it. Since you've shown symptoms, this service doesn't qualify as preventive. It's actually diagnostic, since it's used to diagnose your condition.

You may also get services to help treat a condition that's already been diagnosed. Since you're being treated for an existing condition, these services are also non-preventive.

Ask your doctor what's right for you

Talk to your doctor about which preventive care services you may need. Remember, services like routine physicals are covered at no cost or at a copay:

- All members are covered for routine physicals with their personal doctor. (These visits must be scheduled appointments.)
- Women are also covered for well-woman exams with an obstetrician-gynecologist.
- Children are covered for well-child preventive exams through 23 months.

You may need to pay for lab tests or X-rays ordered during these preventive exams.



Schedule a checkup online

At kp.org, you can schedule a routine physical with your Kaiser Permanente doctor, or email your doctor's office with routine health questions anytime. If you aren't registered on our website, visit kp.org/register today.

Questions?

For more information, see the questions and answers on the next page. Or call **800-777-7902 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays). This number is also found on your Kaiser Permanente ID card.

Preventive or non-preventive?

Take a look at these examples. Then check whether the service is preventive or not.

Example 1

You visit your doctor for a routine physical exam. You have no symptoms and feel generally healthy.

Preventive: You're getting a physical exam as recommended for your age and gender. It wasn't scheduled because of any symptoms or an ongoing health condition.

Example 2

During a routine physical exam, your doctor finds a mole and decides to remove it for testing.

Non-preventive: Although your physical exam is preventive, the mole removal is diagnostic. That means you'll need to pay a copay, coinsurance, or deductible payment for this service. The lab tests ordered by your doctor would also have an extra cost.

Questions and answers

Here are some answers to common questions about preventive care.

Q: Where can I get a complete list of preventive care services?

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. Or visit kp.org/prevention and click on "Preventive care services covered under health reform" to see a complete list.

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.

