

Understanding Preventive Care

Coverage and cost



Preventive Care

You get preventive care services at no cost or a copay, depending on your plan. During a preventive care visit, you might find out that you need non-preventive services to treat a condition or test for a problem. If that happens, you might have extra costs. Understanding the difference between preventive and non-preventive care can help you know what's covered and when you might get a bill.

Common Preventive Care Services

The purpose of preventive care is to help keep you healthy and find problems early. These preventive tests are covered at no cost to you when clinically indicated. The following list is not comprehensive. These tests are covered at no charge, unless your doctor orders them because you have symptoms or you have an existing health condition:

- Cholesterol test (fasting or non-fasting)
- Fasting blood sugar and hemoglobin A1C test for type 2 diabetes screening
- Lead screening for children at risk
- Mammography screening for breast cancer
- Pap and (when indicated) HPV testing for women who meet screening criteria
- Prostate blood test (PSA) for men
- Routine childhood immunizations
- Screening for select sexually transmitted infections
- Stool test kit for colon cancer screening
- Tuberculosis skin test
- Bone density screening for women who meet screening criteria
- Hepatitis screening

Getting the Right Care

Different people have different preventive care needs. Talk to your doctor about which preventive care services are right for you. Visit kp.org/prevention for a complete list of preventive care services. Or sign on to your kp.org account to see what immunizations and tests you are due for.



Important Billing Information

Most preventive office visits are covered at no cost to you. You will likely have an out-of-pocket charge when you:

- **Discuss new symptoms, or new health concerns are discovered during your visit.**
- **Receive treatment or testing for an existing or new health condition that requires further evaluation (for example, worsening knee pain, respiratory symptoms).**
- **Have any procedures performed (for example, spirometry, EKG, mole biopsy).**
- **Have any lab or radiology tests not listed. If you're not sure what your lab or radiology benefit is, please contact Member Services or refer to your Evidence of Coverage or Membership Agreement.**

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Questions and Answers

Q: I have a routine physical scheduled. Will I be billed for this visit if additional symptoms are addressed?

A: You will likely be charged if the symptoms require discussion and new tests or treatment during your visit. For example, if you discuss symptoms of knee pain and require further testing (like an X-ray) or you have symptoms of pneumonia and are treated during the visit, you will receive a bill for these costs after your visit.

Q: I have a deductible plan. What is my out-of-pocket cost for lab or radiology services during a preventive visit?

A: Any screening or test not listed on the front side of this document is subject to your lab or radiology benefit. This means that you will likely have a charge for a thyroid lab and chest X-ray if your lab or radiology benefit applies to your deductible or out-of-pocket maximum. If you're not sure what lab benefit you have, contact Member Services or refer to your Evidence of Coverage or Membership Agreement.

Q: Can I still discuss new symptoms or concerns with my health care provider during my prevention visit?

A: Yes. We encourage you to discuss health concerns you have as new or troubling symptoms may signal a problem. However, please keep in mind that addressing new concerns can often take more time than allotted for the prevention visit. In these circumstances, we recommend scheduling a separate visit so that your provider can offer the best care possible.

Medical Financial Counseling Services

Our knowledgeable financial counselors can help you understand your out-of-pocket costs and provide a price estimate. Call Medical Financial Counseling at **303-338-3025** or **1-877-803-1929** (TTY **711**), weekdays, 8 a.m. to 6 p.m. Or, find out what you can expect to pay for common exams, tests, and services at **kp.org/costestimates**. For a sample fee list, visit **kp.org/deductibleplans** and click on Colorado, then click on "view list of fees based on specific procedures."

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 or Membership Agreement, or call Member Services, weekdays, 8 a.m. to 6 p.m., at:

Denver/Boulder	303-338-3800
Mountain Colorado	1-844-837-6884
Northern Colorado	1-844-201-5824
Southern Colorado	1-888-681-7878
TTY	711