

# UNDERSTANDING PREVENTIVE VISIT care and cost

## Preventive Care

Preventive care is intended to help keep you healthy and detect certain diseases early. We're here to help you understand what your preventive visit benefits are and any out-of-pocket costs you may incur.

## Preventive Tests

These preventive tests are covered at no cost to you once per benefit year when clinically indicated. The following list is not inclusive. 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 test for Type 2 diabetes
- 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
- HgA1C for adults who are at risk for developing diabetes

## 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 health condition that requires further evaluation (e.g. worsening knee pain, respiratory symptoms).
- Have any procedures performed (e.g. spirometry, EKG, mole biopsy).
- Have any labs or radiology tests not listed above. If you're not sure what lab or radiology benefit, please contact Member Services or refer to your Evidence of Coverage.

## Important Screening Information:

Depending on your age and gender, some screening tests and annual prevention 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 or visit, please contact your health care provider by email or schedule a phone visit. Visit [kp.org/prevention](https://www.kp.org/prevention) for a complete list of recommended screenings by gender and age. Or, view your "Personal Action Plan" in the "My Medical Record" section of My Health Manager on [kp.org](https://www.kp.org) to check out your screening tests that are due, recommended to keep you healthy.

## QUESTIONS AND ANSWERS

**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 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 (e.g. x-ray is ordered) 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 test not listed on the front side 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.

**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.

## Financial Counseling Services

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: **711**), weekdays, 8 a.m. to 5 p.m. Or, visit our website for more information at [kp.org/deductibleplans](http://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**)
- Southern Colorado: toll-free **1-888-681-7878**  
(TTY: **1-800-521-4874**)