Understanding Preventive Care Services



At Kaiser Permanente, prevention has always been an essential part of our care philosophy. That's why your deductible plan offers most preventive care services—like routine physical exams, mammograms, and cholesterol screenings—at little or no cost to you, even before you reach your deductible.

See the list below for some of the most common preventive care services, which can help you stay on track for good health. Depending on your plan, your coverage for preventive care may vary. For a complete list of preventive care services covered under your plan, please see your *Evidence of Coverage, Summary Plan Description*, or other plan documents.

Covered preventive care services for adults

- cholesterol screenings
- colorectal cancer screenings
- family planning services, including (but not limited to):
 - contraceptive counseling
 - family planning counseling
 - implantable contraceptives, such as intrauterine devices (IUDs)
 - injectable contraceptive drugs
- immunizations
- routine physical exams
- sexually transmitted infection (STI) counseling and screenings (including HIV, chlamydia, gonorrhea, herpes, and syphilis screenings)
- type 2 diabetes screenings

Additional covered preventive care services for women

- breastfeeding support, supplies, and counseling
- female sterilization procedures
- first postpartum care visit
- gestational diabetes screenings
- human papillomavirus (HPV) screenings
- osteoporosis screenings
- prenatal care
- routine mammograms
- routine Pap tests

Covered preventive care services for children

- developmental and behavioral screenings and assessments
- hearing and vision screenings for all newborns and children
- oral health risk assessments
- periodic well-child visits, including immunizations
- sexually transmitted infection (STI) screenings and prevention counseling for adolescents



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Come in for a routine physical exam

Routine physical exams are an important way to detect health problems early, which can help you stay healthy. They're also a great time to talk to your doctor about which preventive care services you may need. With your deductible plan, there's little or no cost for routine physicals, according to the following:

- All members are covered for routine physicals with their personal physician. (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.
- A copay, coinsurance, or deductible payment may be required for any lab tests or X-rays ordered during the exams above.

When you're registered on kp.org, you can use My Health Manager to schedule a routine physical with your Kaiser Permanente physician, or email your doctor's office with routine health questions anytime.

Costs for nonpreventive care services

Keep in mind that you may receive preventive and nonpreventive care services during the same visit. While you'll have little or no cost for most preventive care services, you'll probably need to pay for any nonpreventive services you receive during your visit.

For example, your doctor might find a mole during a routine physical exam and decide to remove it for testing. Because the mole removal is considered diagnostic rather than preventive, you might have to pay a copay, coinsurance, or deductible payment for this procedure. The actual lab tests ordered by your doctor would probably require an additional payment. So, although your routine physical exam would be covered at little or no cost as a preventive care service, you probably would have to pay for the two additional nonpreventive services connected with your visit.

For more information about which services are considered preventive, call the member or customer service number on your Kaiser Permanente ID card.

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.

