

We'd like to help you know your stuff when it comes to preventive health care.

Preventive care can contribute to a happy and healthy lifestyle and we'd like to see you taking advantage of your annual wellness exam and screenings recommended for your age. At the same time, we also want to help you avoid surprise charges at the doctor's office.

There are three types of preventive services. CGHC covers two of them:

Type 1: In Network Preventive services that ACA (Affordable Care Act) requires (includes certain recommendations of the United States Preventive Services Task Force HRSA for women and Bright Futures for children) that are covered at no cost to our members.

- For example: Routine colonoscopies after age 50, certain immunizations, one annual doctor visit, etc.

Type 2: Not covered at 100%, but applied to copayments, coinsurance and deductibles.

Type 3: Not covered – anything that is not considered medically necessary or excluded is not covered by your health plan.

Preventive vs. Diagnostic

If you have, have had or fear you may have the condition you are being screened or tested for, the service will most likely be considered **diagnostic** and be billed by your doctor at an additional cost rather than as a **preventive** service.

Blood Work

Oftentimes your doctor will order a full blood panel at your annual exam. Most routine blood work applies to your deductible. However, some of the screening tests, such as those for cholesterol and Hepatitis C may be paid at 100%.

To ensure your preventive care is billed correctly please confirm your preventive and

diagnostic services with your doctor or call Member Services at **877.514.2442** to confirm your benefits.

Possible Reasons for Additional Fees

- **Age:** You may be younger or older than the specified age to receive a no-cost preventive service
- **Provider Billing Error:** We all make mistakes. Sometimes, your provider may accidentally code your preventive service incorrectly.
- **Diagnostic:** If you or your doctor has concerns about something, he or she is likely to bill a diagnostic code instead of a preventive one.
- **Not medically necessary**

Key Terms & Phrases:

- **Routine or Preventive:** services rendered prior to diagnosis of health conditions to prevent infection
- **Diagnostic:** services to detect or monitor infections, diseases or medical conditions.
- **Covered:** services that apply to insurance benefits (deductibles, coinsurances and copayments)
- **Covered in full:** services required by the Affordable Care Act (ACA) that are 100% paid by insurance

To see full list of covered preventive health services, visit:

www.CGHCares.org/Members/PreventiveCare