



HEALTHCARE COOPERATIVE

PREVENTIVE CARE FACT SHEET

Preventive care is a broad term that was specifically defined by the Affordable Care Act (ACA) to apply to a very specific list of services that are highly recommended by the US Task Force on Preventive Services. That means when it comes to how much you will pay, there is a difference between **“no-cost-share preventive care”** under the ACA and other services that may be considered preventive by you and your doctor. Services that don’t qualify for no cost share may still apply to your benefits, but you might have to pay something for them. You should talk about what is best for you with your doctor knowing that these tests or services might apply to your deductible, copay or coinsurance.

What is Preventive versus Diagnostic?

To avoid surprise charges, it is also important to understand that **“preventive care”** is when you don’t have any history, symptoms or other health concerns about the issue for which they are testing or screening. When you have a history or a health concern, those tests and screenings become **“diagnostic”** and not preventive because the doctor is trying to diagnose you. Diagnostic services are covered but they are not covered at no cost to you. They will apply to your benefits (copays, deductibles and coinsurance).

How to Avoid Surprise Charges

- Know what services are on the no cost share preventive care list provided to members by CGHC. Services you may think of as routine or preventive might not fall under the definition of “no-cost-share.” You can also call us at 877.514.2442 to better understand these benefits you should rightfully receive at no cost.
- A service that qualifies for no-cost-share preventive care must be provided by an in-network doctor. If you are scheduling an appointment to receive no-cost-share immunizations or screenings, be aware of any other services they are providing you during your visit and remind them that you are only interested in receiving the no-cost preventive service.
- Be careful about talking with the nurse or doctor about health concerns during a visit that is supposed to be preventive. If the doctor bills the visit as diagnostic, we will have no choice but to process the claim that way (and it will generally come at some cost to you). You will have to decide if talking about your health concern is worth the possibility that you might be billed.
- When scheduling a colonoscopy or mammogram, it is especially important to understand if the doctor considers it preventive or diagnostic. Many people are surprised when colonoscopies or mammograms apply to their deductibles because they come at a higher cost than other preventive services.
- Ask questions if your doctor recommends additional testing and treatment. If the tests don’t meet the definition of no-cost-share preventive screening, you’ll need to pursue those recommendations with the knowledge that you’ll likely have some cost-sharing responsibilities. Ask questions before the doctor provides the test, and if you are in doubt don’t do the test while you are in the doctor’s office. You can always schedule another visit to come back.