

Accessing Preventive Care

HealthCare reform requires insurance companies to pay 100% for specific preventive services regardless of what plan you are on. However, it's important to realize that not all of the services that you or your doctor may think of as 'preventive' are covered at 100% under this new law. Additionally, if a medical condition, for example, high blood pressure, cholesterol, diabetes or allergies is discussed during the visit, the services may be billed as a 'medical condition' instead of 'preventive' and you may be charged for your share of the costs.

Preventive Annual Visits:

1. When you call to make an appointment, confirm that the provider is contracted and understands you want 'preventive' services covered at 100% by your health plan **only**.
2. When you arrive for your appointment, if the receptionist asks for a co-pay, explain your appointment is for preventive services and is covered 100% by your health plan.
3. At the beginning of your visit with the doctor or nurse practitioner, make sure she/he understands the purpose of your visit is for the preventive services covered at 100% on your health plan.
4. Please keep in mind that **only one preventive visit** is covered at 100% each calendar year.
5. When your doctor's staff gives you a lab slip or mammogram order, make sure the slip/order clearly states the services requested are 'preventive' in nature.
6. When you go to the lab or radiology center for your annual screenings, make sure it is understood you only want preventive services covered 100% by your health plan.

Colonoscopies:

Preventive colonoscopies are covered at 100% every **10 years starting at age 50**. This service is covered at 100% as long as the colonoscopy is coded as preventive. As a general rule, general anesthesia is not covered for colonoscopies. Twilight anesthesia may be requested in place of general anesthesia. Additionally, not all of the prep formulas ordered by doctors are covered by insurance. When you fill the script at the pharmacy, be sure to request the formula that is covered at 100% by your plan. The pharmacist will be able to look that up for you.

1. When you call to make an appointment, make sure it is understood that the purpose is a preventive screen colonoscopy, covered 100% by your health plan.
2. Be prepared to pay a co-pay or deductible for your pre-colonoscopy consult with the gastroenterologist. This consult is not part of the preventive services covered at 100%. It is covered under your specialist consult benefit which applies to the office visit co-pay benefit on most plans. If your plan does not have office co-pay benefit, this service will be applied to your outstanding plan deductible, and applicable co-insurance.
3. When you arrive at the facility for your procedure, if the receptionist requests a deductible or coinsurance up front, explain this is a preventive screening and is covered at 100% by your health plan.

Preventive Prenatal Visits:

Prenatal Visits with your regular in network obstetrics doctor are covered at 100% however, high risk visits with specialists and diagnostic studies such as ultrasounds and fetal heartbeat are applied to your regular medical coverage (copays, deductibles and coinsurance).

Breast feeding counseling is covered at 100% when sought through in network lactation specialists. Additionally, some breast pumps are covered at 100% when accessed through in network durable medical equipment (DME) providers.