When you go to your doctor for a preventive exam and discuss new symptoms you are having, your doctor may send you for additional tests or screenings. Or, if your doctor finds a specific health risk or new medical condition during your appointment, your doctor may bill those services as diagnostic medicine. These types of diagnostic services may result in out-of-pocket costs for you (i.e., deductibles, coinsurance, or copayments) because they are no longer considered preventive care.

What you should know about preventive care...

Did you know an adult routine preventive exam can cost up to $200 if you didn’t have health plan coverage? A pediatric newborn visit could cost you as much as $600 in the first year.

With your ConnectiCare plan you don’t have to worry about costs when it comes to getting important preventive care services. Your health plan covers you for many preventive care services with no out-of-pocket cost to you. Check your Benefit Summary for a list of these covered services.

What is preventive care?

Preventive care includes services you receive from your doctor as part of a routine physical, including screenings, immunizations and certain lab work. Think of it this way; if you don’t have any existing symptoms, but go to the doctor to have a check up to make sure you are healthy—that’s preventive. Preventive care can keep you from getting sick or can detect a health condition early so you can change your lifestyle or get treatment to improve your health.

We cover preventive care services that recognized medical organizations, including the United States Preventive Task Force (USPSTF), recommend. These independent organizations have done extensive research to identify which preventive care should be done based on a person’s age and gender, and how often it should be done for the services to be effective.

What isn’t preventive care?

When you go to your doctor for a preventive exam and discuss new symptoms you are having, your doctor may send you for additional tests or screenings. Or, if your doctor finds a specific health risk or new medical condition during your appointment, your doctor may bill those services as diagnostic medicine. These types of diagnostic services may result in out-of-pocket costs for you (i.e., deductibles, coinsurance, or copayments) because they are no longer considered preventive care.

See next page for examples of what is and isn’t preventive care.

For more information, visit connecticare.com/preventive
Some examples:

**Doctor Visit #1:**
A 50-year-old man has a colonoscopy to screen for colorectal cancer. The screening identifies an irregularity and he must have additional blood work. The colonoscopy is considered preventive so it will be covered at 100% and he will not pay any cost-share.

The follow-up blood work requested by his doctor is not preventive. He may need to pay toward the costs of that follow-up blood test, according to his plan.

**Doctor Visit #2:**
A 40-year-old woman has a routine physical and her doctor orders blood tests and an electrocardiogram (EKG). The physical and some of the blood tests are considered preventive and she does not have to pay any cost-share for them.

But the other blood tests and EKG are not considered preventive care as defined by the USPSTF and other recognized medical organizations. She may have to pay toward the costs of those services according to her plan.

### Three things to remember:
- Many preventive care services and tests are covered at 100%. You can find a list of covered services in your Benefit Summary.
- Additional tests or treatments identified at a preventive care visit—covered according to plan benefits, which may mean out-of-pocket costs for you.
- Diagnostic care to identify potential health risks—covered according to plan benefits, even if recommended or done during a preventive care visit.

ConnectiCare encourages you to get the preventive care that is recommended for your age and gender.
Check out our preventive care checklist tool at

[connecticare.com/preventive](http://connecticare.com/preventive)