

Your Health Assessment Visit and Preventive Health Benefits

What to expect

Know your Preventive Benefits

At Kaiser Permanente, our physicians want to work with you to help keep you healthy. Preventing illness before it happens is the key to doing just that. Depending on your benefit plan, preventive services may be available to you at a reduced cost share (i.e. deductible waived on deductible based plans) or at a no charge.

This handout is a quick guide to help explain what is and is not considered a preventive health care service. Preventive services are those examinations, evaluations, and tests that are commonly given to healthy individuals to identify risks or early medical problems. The specific examinations, evaluations, and tests considered as preventive are dependent upon age and gender guidelines.

Note that any non-preventive services you may receive during your health assessment or other preventive examination (e.g. polyp removed during a preventive screening colonoscopy) may result in additional charges for the specific treatment or service depending on your benefit plan.

Covered Services

Preventive care services include, but are not limited to, the following age and gender appropriate physical exams, screening tests and the corresponding explanation of the results:

- Routine physical examinations
- Well-woman exams – including pap smear and screening mammograms
- Well-child examinations
- Routine age-based immunizations
- Bone mass measurement to determine risk for osteoporosis
- Prostate cancer screening exams and routine screening Prostate Specific Antigen (PSA) tests
- Colorectal cancer screenings
- Cholesterol screening tests

Not Covered as Preventive

Examinations, tests, x-rays and other services required for managing acute medical problems (e.g. flu, joint pain, etc.) or chronic conditions are not preventive and will be subject to the appropriate cost share depending on your benefit plan.

Examinations, tests, x-rays and the corresponding explanation of the results for the following services are not considered preventive:

- Monitoring chronic disease or follow-up tests once you have been diagnosed with a disease, such as diabetes or high cholesterol
- Testing for certain diseases for which you have been determined to be at high risk
- Consults and immunizations for foreign travel

NOTE: Non-preventive issues and services managed during a scheduled preventive visit or service can result in additional charges for those non-preventive services.

In some cases, your doctor may not have enough time to perform a routine physical examine and also manage a new problem, address chronic conditions, or treat multiple health problems for you during that same visit. For this reason, you may choose to schedule a separate visit to address new problems or chronic problems.

On the other hand, there may be enough time for your doctor to complete the Health Assessment and also manage health problems (e.g. elevated blood pressure, stomach virus, etc.) during the visit. In these situations, depending on your benefits and coverage, there is a chance that you will be billed for your share of the cost for the treatment and/or diagnosis of a new, chronic, or acute health problem. The additional cost depends on your benefits and coverage.

For questions regarding your preventive care or other plan benefits, please call the Member Services Department at 301/468-6000 inside the Washington, DC metropolitan area or at 800/777-7902 outside the Washington, DC metropolitan area. Our TTY telephone number is 301/879-6380.

The information contained in this handout is a limited description of the preventive health care services offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS). For a complete list of covered services and exclusions, please refer to your KFHP-MAS Evidence of Coverage (EOC).