YOUR PREVENTIVE BENEFITS

Preventive care

Preventive care gets you to a proactive place in your healthcare journey. It lets you stay ahead of future health issues and promotes your staying healthy. And bonus, in-network preventive services are covered at no additional cost to you.

Think of preventive care as a check-in for your body when you're healthy. Preventive care services—like immunizations, certain screening tests, and routine check-ups—help you avoid illness, and improve your physical health and wellbeing. The purpose of a preventive visit is to review your overall health, identify risks and find out how to stay healthy.

Preventive care includes services that help you avoid illness and improve your physical well being. This care is typically appropriate when you are symptom free and have no reason to believe that you might be sick.

What is the difference between preventive care and an office visit?

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Examples:
- Immunizations
- Some test screenings
- Routine check-ups

Office visit

When you go to the doctor for a known issue, this would be considered diagnostic care. This type of care is not covered as preventive and you may owe a cost for the service.

Examples:
- Visit to a therapist
- Chiropractic care
- Doctor visit when you're sick

Why use preventive care?

- Your plan covers in-network preventive care at $0 out-of-pocket cost to you. At no cost, it's a simple way to get healthcare that you need.

- Preventive care does double-duty: it helps you take care of your current health as well as keeps you informed about potential health risks.

- Early screens and tests are effective to catch other health conditions sooner, which can lead to better treatment outcomes.

How does my plan decide which services are preventive?

Your plan's preventive benefits are designed using evidence-based recommendations from sources such as the US Preventive Services Task Force and the Center for Disease Control & Prevention.

Services that are preventive for one person may not be preventive for someone else. This is because preventive benefits usually depend on things like your gender, age, and certain risk factors. For example, mammogram screenings can be preventive for women over the age of 40. So, if a healthy 30 year old woman receives a screening mammogram, the service would likely not be covered as preventive because they don't meet the age requirements.

Why wasn't my claim preventive?

Ultimately, we use the billing codes on your provider's claim to determine if services were preventive. If an in-network provider bills with a procedure code and diagnosis code that match up with one of your plan's preventive benefits, then the claim would be covered as preventive. If the procedure code matches with a preventive benefit, but the diagnosis code does not (or the other way around), then the service would likely not be covered as preventive.

For a detailed list of what services are considered preventive by your plan, please request a copy of the preventive guidebook. To request a copy of your plan's guidebook, start a chat, send a message through your Inbox, or simply give us a call.

Have more questions about preventive care?
Log into providencehealthplan.collectivehealth.com and click the Help tab to visit our Help Center!