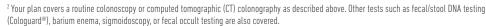# PREVENTIVE CARE

TIPS FOR UNDERSTANDING YOUR PLAN

Preventive care can help keep you healthy or catch a possible problem early. When you visit a network provider, your plan covers preventive services at 100%. On the other hand, for most non-preventive services, you'll pay a share of the costs. The table below shows the differences between these two types of services.

	PREVENTIVE SERVICES	NON-PREVENTIVE SERVICES
What is it?	Preventive services generally: • Can help keep you healthy • Screen for certain types of cancer • Immunize you against disease • Are received once per year, or as recommended by your doctor	Non-preventive services generally: • Monitor existing conditions • Diagnose and treat a new condition • Address any health concerns you bring up during your visit

Examples	• Most immunizations
	• Well-child visits
	• Prenatal care
	• Screenings for cancer, such as:
	  » Breast (mammogram or 3-D mammogram)[1]
	  » Cervical (Pap smear)
	  » Colon (colonoscopy, computed tomographic (CT) colonography, or other tests)[2]
	• Screenings for other health concerns, such as:
	  » Blood pressure
	  » Cholesterol
	  » Sexually transmitted infections (STIs)
	  » Type 2 diabetes
	  » Depression
	  » Tobacco use
	  » Alcohol misuse
	  » Domestic violence
		• Treatment of illness or injury (e.g., earache, sore throat, cough, broken bone, etc.)
		• Earwax removal
		• X-rays
		• Medication consultation
		• Wart removal
		• Monitoring ongoing conditions, such as:
		  » Headaches
		  » Trouble sleeping
		  » High blood pressure
		  » Diabetes
		  » Heart conditions
		• Lab tests to monitor existing conditions

What if you receive preventive and non-preventive services during your visit?

If you receive both types of care (preventive and non-preventive) at your visit, the preventive services will be covered at 100%. You'll pay a share of the costs for the non-preventive services. To see how your plan covers those services, check your coverage document on **mymedica.com**.

[1] Your plan covers routine mammograms or 3-D mammograms (called digital breast tomosynthesis) as described above. However, if your doctor recommends additional tests, such as a breast ultrasound or MRI, your X-ray or other imaging benefits will apply. For most plans, that means you'll incur costs for those tests.

[2] Your plan covers a routine colonoscopy or computed tomographic (CT) colonography as described above. Other tests such as fecal/stool DNA testing (Cologuard®), barium enema, sigmoidoscopy, or fecal occult testing are also covered.

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What is considered preventive care?

The Affordable Care Act defines what's considered preventive care. To learn more about what's covered, go to **HealthCare.gov** and search for "preventive services."

How can I be more proactive about my health?

To find out more about how to be proactive about your health, go to **medica.com/prevention.**

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Have a question?
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