PREVENTIVE CARE COVERAGE
Protect your health and your wallet!

Take these steps to ensure that your Preventive Care services are fully covered!

Preventive Care is critical. Early detection helps to keep you healthy by preventing or delaying illness or preventing an illness from becoming worse. Preventive screening helps you to maintain a healthy, productive life and reduce your health care costs, too.

Take advantage of these screenings!
Preventive Care services are typically covered at no cost IF you stay in the network of providers listed by your insurance plan.
If you go a facility or doctor that is not in your insurance plan’s network, your coverage may not apply and you could get a bill.

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**CONFIRM coverage and network status directly with your insurance**

Once you find out who is involved in your care and what they are billing, it's always best to confirm with your insurance. Make sure that they are in network and the services are fully covered.

* Many insurances have an online tool to search for Facilities, Labs and Doctors in network. If your insurance does not have an online tool, call the number listed on the back of your insurance card.
* If you were able to get the billing code, ask an insurance representative if that code is fully covered as preventive care. Also ask what your responsibility is if for some reason it is not considered preventive care. It's always best to ask and be prepared!

NYS has laws to protect you! Visit [www.dfs.ny.gov/consumer/hprotection.htm](http://www.dfs.ny.gov/consumer/hprotection.htm) for information about protection from Surprise Bills.

**What if I get a surprise bill?**

**What is a Network?**

A list of doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members.

**ASK for all of the facilities, labs and doctors involved in the screening and if they are in network**

The most common surprise bills are from out-of-network facilities, labs or doctors that patients did not realize provided a service for the screening. Out-of-network charges will not be fully covered by insurance and are a higher cost to you.

* Ask your Doctor first. You may need to call the facility or doctor performing the screening to get the full list.
* A good question to ask is “What facilities, doctors and labs will be billing my insurance for this screening?”
* Ask for the code(s) they will be sending to your insurance to bill for the screening. Every medical service has a 5-digit code called a CPT or HCPC. Your insurance may ask for this to confirm coverage. So, it’s good to have!

**KNOW your insurance coverage before your visit**

It all starts with your insurance plan. There are many different plans with different networks, copays and coverage. Be prepared by knowing your preventive care coverage before you see your doctor!

* Review your plan every year for changes to the coverage and network.
* Find out which services, screenings and labs are considered preventive. Also ask what limitations they may have like age requirements or how often the screening can be done.