

Benefits Toolkit

Preventive Care

Provided by: Horst Insurance



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Introduction

Once an underused component of health care that benefits both employees' health and employers' health care spending, preventive care is now a centerpiece of health benefits. Preventive care can help detect or prevent diseases and medical problems before they become more serious. It may also be used interchangeably with "routine care" and includes screenings, annual checkups, immunizations and counseling.

The Kaiser Family Foundation notes that **evidence-based preventive services can save lives and improve health** by identifying illnesses earlier, managing them more effectively and treating them before they develop into more complicated conditions. Some services are also cost-effective.

Under the Affordable Care Act (ACA), private insurers—except for plans that have been grandfathered—and self-funded group health plans are required to cover certain preventive services without any cost sharing when in-network providers administer the services. Medical services such as immunizations, screening tests, medications and other services that would prevent disease, injury and premature death fall under the umbrella term "preventive care." Such care should be incorporated into employer-sponsored health plans to lessen the cost and number of future medical claims by helping employees and their families stay healthy while complying with the ACA.

Preventive care benefits can help keep employees healthy and, in turn, **help organizations thrive**. Various challenges have disrupted preventive care over the years, including the COVID-19 pandemic and rising health care costs, and many Americans still struggle with health literacy. Employers are uniquely positioned to help improve their workers' preventive care utilization and alleviate cost barriers to preventive care. After all, being an educated health care consumer starts with understanding and taking advantage of preventive care.

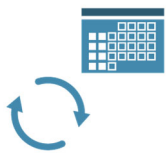
This Benefits Toolkit is an employer's introductory guide to preventive care. It provides a general overview of preventive services and their impact on employers as well as workplace considerations.



Overview of Preventive Care

Preventive care aims to shift the focus from treating sickness to maintaining wellness and good health. Preventive care is often received before someone feels sick or notices any symptoms and is designed to prevent or delay the onset of illness and disease.

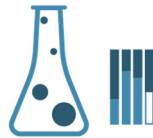
In its broadest definition, illness prevention includes a healthy lifestyle, exercise, diet and other similar efforts. Preventive care in a medical setting includes a variety of health care services, such as the following:



Annual checkups



Screenings (e.g., mammograms and colonoscopies)



Laboratory tests (e.g., blood pressure, diabetes and cholesterol tests)



Counseling on topics such as quitting smoking, losing weight, treating depression and reducing alcohol use



Immunizations

In most cases, people aren't experiencing any particular symptoms or problems when they seek preventive care, which may also be called routine care. Regular health evaluations are meant to keep individuals healthy and prevent more serious problems later. These services are free to employees only when delivered by a doctor or another provider in a health plan's network.

Although preventive care may seem straightforward, there can be some confusion about the requirements and what isn't considered a covered service. Employees receiving surprise bills for something they thought would be covered can further discourage them from keeping up with routine care. The key difference in whether the cost is covered depends on if the care qualifies as preventive or diagnostic.

Preventive care is something people get when they're healthy to make sure they stay healthy.

It's provided to help prevent future illness when there is no history, symptoms or related health concerns.

However, if care is sought out for a known health concern or a preventive screening shows something abnormal, the care may be considered diagnostic—which typically isn't covered by plans without some cost sharing.

Types of Preventive Services

The U.S. Department of Health and Human Services (HHS) provides lists of preventive services that most health insurance plans must cover when delivered by an in-network provider. Keep in mind that updates to clinical preventive care guidelines related to screening frequency, age, method or setting can change plan coverage levels. Therefore, covered preventive care services can also change over time. For example, COVID-19 vaccines were added to the list of covered preventive care in December 2020.

Lists of covered preventive services are available for adults, women and children, as covered services depend on age and gender. Browse the following abbreviated lists—broken down by adult, women and children—or click [here](#) to review the most current lists of covered preventive care services.



Preventive Care for Adults

The following types of preventive care are available to all adults within specified age ranges or risk groups.

- **Abdominal aortic aneurysm screening:** A one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 who have ever smoked.
- **Alcohol misuse screening and counseling:** A risk assessment available for all adults and voluntary counseling for those who are found to be battling substance misuse or addiction.
- **Aspirin use:** Counseling on the use of aspirin for men ages 45 to 79 and women ages 55 to 79 when the potential benefit from a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
- **Blood pressure screening:** Routine measurements of adult blood pressure and treatment with high blood pressure medication to prevent cardiovascular disease.
- **Cholesterol screening:** Screenings for lipid disorders in men over 35 and women over 45, and treatment with lipid-lowering medications to prevent cardiovascular disease.
- **Colorectal cancer screening:** Screenings for colorectal cancer using fecal occult blood testing, sigmoidoscopy or colonoscopy, beginning at age 45 and continuing until age 75.
- **Depression screenings:** Screenings for depression when staff-assisted depression care supports are in place to ensure accurate diagnosis and effective treatment and follow-up.
- **Diabetes (Type 2) screening:** Screenings for adults 40 to 70 years who are overweight or obese.
- **Diet counseling:** Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.

- **Falls prevention** (with exercise or physical therapy and vitamin D use): Available for adults 65 years and over who are living in a community setting.
- **Hepatitis B screenings:** Screenings for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- **Hepatitis C screenings:** Screenings for adults ages 18 to 79 years.
- **Human immunodeficiency virus (HIV) screenings and counseling:** Available for everyone ages 15 to 65 and other ages at increased risk.
- **Immunizations:** Vaccination doses, recommended ages and recommended populations vary by vaccination:
 - Chickenpox
 - Diphtheria
 - Influenza (flu)
 - Hepatitis A
 - Hepatitis B
 - Human papillomavirus (HPV)
 - Measles
 - Meningococcal
 - Mumps
 - Whooping cough (or pertussis)
 - Pneumococcal
 - Rubella
 - Shingles
 - Tetanus
- **Lung cancer screenings:** Screenings for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years.
- **Obesity screening and counseling:** Screening for all adults. Clinicians should offer or refer patients with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions.
- **Preexposure prophylaxis (PrEP) HIV prevention medication:** Medication available for adults who are HIV-negative but at high risk for getting HIV through sex or injection drug use.
- **Sexually transmitted infection (STI) prevention counseling:** Counseling for adults at higher risk.
- **Statin preventive medication:** Medication for adults 40 to 75 at high risk.

- **Syphilis screening:** Screenings for adults at greater risk.
- **Tobacco use screening:** Screenings for adults at higher risk; tobacco users may receive intervention and cessation support.
- **Tuberculosis screenings:** Screenings for certain adults without symptoms at high risk.



Preventive Care for Women

In addition to the services listed above, the ACA also mandates coverage for the following preventive services for adult women as part of all non-grandfathered health plans.

- **Bone density screenings:** Osteoporosis screenings for women over age 65 or women age 64 and younger who have gone through menopause.
- **Breast cancer genetic test counseling (BRCA):** Screenings designed to identify women with an increased risk of developing breast cancer due to family history. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
- **Breast cancer mammography screening:** Mammograms for women ages 40 or over every one to two years, with or without clinical breast examination.
- **Breast cancer chemoprevention:** Discussions with clinicians about benefits, risks and adverse effects of chemoprevention for women at high risk of developing breast cancer.
- **Breastfeeding support and counseling:** Guidance from trained providers and access to breastfeeding supplies for pregnant and nursing women.
- **Cervical cancer screening:** Screenings for cervical cancer in women ages 21 to 65 with a Pap smear every three years. For women who want to lengthen the screening interval, screenings with a combination of Pap smear and HPV testing every five years for women ages 30 to 65.
- **Chlamydia infection screening:** Screenings for chlamydial infection in all sexually active, nonpregnant young women ages 24 years and younger and for older nonpregnant women who are at increased risk.
- **Contraception:** U.S. Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity. It does not include abortifacient drugs. This does not apply to health plans sponsored by certain exempt “religious employers.”
- **Diabetes screenings:** Screenings for women with a history of gestational diabetes who aren’t currently pregnant and haven’t been diagnosed with Type 2 diabetes before.
- **Domestic and interpersonal violence screening and counseling:** Screenings for women of childbearing age for intimate partner violence, such as domestic violence, and provision of or referral to intervention services.
- **Folic acid supplements:** A supplement for women who are pregnant or planning to become pregnant.

- **Gestational diabetes screening:** Screenings for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes.
- **Gonorrhea screening:** Screenings for all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk.
- **Hepatitis B screening:** Screenings for pregnant women at a first prenatal visit.
- **Maternal depression screenings:** Screenings for mothers at well-baby visits.
- **Preeclampsia prevention and screenings:** Screenings for pregnant women with high blood pressure.
- **Rh incompatibility screening:** Testing for pregnant women at their first doctor visit after becoming pregnant and again at 24 to 28 weeks.
- **Syphilis screenings:** Screenings for pregnant women.
- **Tobacco intervention and counseling:** Expanded services for pregnant tobacco users.
- **Urinary incontinence screenings:** Screenings for women yearly.
- **Urinary tract or other infection screening:** Screenings for pregnant women.
- **Well-woman visits:** Annual visits for adult women to obtain the recommended preventive services, including preconception and prenatal care.



Preventive Care for Children

Most health plans must also cover preventive health services for children. These services must be provided at no cost to beneficiaries if they are requested from and delivered by an in-network provider.

- **Alcohol, tobacco and drug use assessments:** Assessments for adolescents.
- **Autism spectrum disorder screening:** Behavioral screenings for children at 18 and 24 months.
- **Behavioral assessments:** Screenings for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years and 15 to 17 years.
- **Bilirubin concentration screening:** Screenings for newborns.
- **Blood pressure screening:** Screenings for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years and 15 to 17 years.
- **Blood screenings:** Screenings for newborns
- **Depression screenings:** Screenings for adolescents beginning routinely at age 12.
- **Developmental screening:** Learning assessments for children under age 3.

- **Dyslipidemia screenings:** Screening for all children, once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders.
- **Fluoride supplements:** Supplements for children without fluoride in their water source.
- **Fluoride varnish:** Varnish is available for all infants and children as soon as teeth are present.
- **Gonorrhea preventive medication:** Eye medication for all newborns.
- **Hearing screening:** Screenings for all newborns and regular screenings for children and adolescents as recommended by their provider.
- **Height, weight and BMI:** Measurements taken regularly for children.
- **Hematocrit or hemoglobin screenings:** Screening for all children.
- **Hemoglobinopathies or sickle cell screenings:** Screening for newborns.
- **Hepatitis B screenings:** Screenings for adolescents at higher risk.
- **HIV screenings:** Screenings for adolescents at higher risk.
- **Hypothyroidism screenings:** Screening for newborns.
- **Immunizations:** Vaccinations for children from birth to age 18. Doses, recommended ages and recommended populations vary by vaccination:
 - Chickenpox
 - Diphtheria, tetanus, and pertussis (known as DTaP)
 - Flu
 - Haemophilus influenza type b
 - Hepatitis A
 - Hepatitis B
 - HPV
 - Inactivated poliovirus
 - Measles
 - Meningococcal
 - Mumps
 - Pneumococcal
 - Rubella
 - Rotavirus
- **Lead screenings:** Available for children at risk of exposure to lead.

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- **Obesity screening and counseling:** Screening for children beginning at age 6 and referral to comprehensive, intensive behavioral interventions to promote improvement in weight status.
- **Oral health risk assessment:** Screening for young children from 6 months to 6 years.
- **Phenylketonuria (or PKU) screening:** Screening for all newborns.
- **PrEP HIV prevention medication:** Medication for adolescents who are HIV-negative but at high risk for getting HIV through sex or injection drug use.
- **STI prevention counseling and screenings:** Available for adolescents at higher risk.
- **Tuberculin testing:** Testing for children at higher risk of tuberculosis: Ages 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years and 15 to 17 years.
- **Vision screening:** Screenings for all children.
- **Well-baby and well-child visits:** Routine visits for children to ensure they are healthy and developing normally.

The HHS also is promoting Healthy People 2030, the fifth iteration of its initiative, to help all Americans get recommended preventive health care services. The agency's goal is to teach people about the importance of preventive care. [Click here](#) to learn more about the program.

Impact on Workplaces

Preventive care can help reduce employees' risk for diseases, disabilities and death, but unfortunately, many aren't aware of or fail to utilize the recommended preventive health care services. Accordingly, organizations are impacted in various ways when employees fail to utilize such services. This section explores employers' costs, challenges and benefits of preventive care.

The Cost

While many Americans have some form of health care coverage, some people still do not visit the doctor for an annual health checkup. Routine visits are often the first line of defense against preventable illnesses. When most employees have regular access to affordable preventive care, their health conditions are more likely to be discovered and managed. This can also lower the likelihood of making costly health care decisions like visiting the emergency room or receiving more expensive treatments for diseases that have progressed.



90% of the nation's **\$4.1 trillion in annual health care costs** are for people with chronic and mental health conditions, according to the CDC.

As such, chronic diseases are a particular concern for employers regarding preventive care. The Centers for Disease Control and Prevention (CDC) reports that 6 out of 10 Americans live with at least one chronic disease, many of which are preventable. Chronic diseases are also the leading causes of death and disability in America.

Consider the following chronic diseases and their significant impacts based on [CDC data](#):

- **Heart disease and stroke** cost the health care system \$216 billion annually and cause \$147 billion in lost productivity on the job.
- **Diabetes** costs an estimated \$327 billion in medical costs and lost productivity.
- **Arthritis** and related conditions are the leading cause of work disability in the United States. The total cost is nearly \$140 billion for medical costs and \$164 billion for indirect costs associated with lost earnings.

Chronic diseases have significant health and economic impacts in the United States. Fortunately, preventive care can help employees address these health issues before becoming more serious problems.

The Challenges

Although some people understand they should take advantage of preventive care services, many employers struggle to achieve high levels of employees who utilize such care. The most successful employers remove as many health care barriers as possible and encourage employees and their families to seek preventive care. As such, it's vital for employers to understand common reasons why individuals avoid preventive care so they can make impactful changes. The next few subsections explore challenges preventing employees from taking charge of their health.



Health Literacy

The Institute of Medicine defines health literacy as the “degree to which individuals have the capacity to obtain, process and understand the basic health information and services needed to make appropriate health decisions.” According to the U.S. Department of Education’s National Assessment of Adult Literacy, more than 1 in 3 Americans have inadequate health literacy, which means they have difficulty with everyday health tasks, such as reading prescription drug labels or making educated health care decisions.

Low health literacy often results in higher utilization of basic and expensive health services, such as emergency care and inpatient visits, which add up quickly. The Center for Health Care Strategies estimates that low health literacy costs the United States up to \$236 billion every year. With health literacy becoming a growing challenge, employers must go beyond providing employees with required plan documents and open enrollment assistance to offer year-round employee education and communications. When employees are informed, they’re better equipped to make the right decisions for their health and wallets, which is a benefit for employers as well.



Lack of Physicians

More and more Americans report not having a primary care provider (PCP). Employees may believe finding a trusted health ally is challenging, but that may be because it is. The COVID-19 pandemic and associated burnout pushed many physicians into retirement or less stressful jobs. According to the Association of American Medical Colleges, the nation is expected to face a shortage of PCPs, ranging from 21,000 to 55,000 vacancies by 2033. Patients and doctors are also aging, which can cause extra challenges. Patients typically need more health care as they get older, and doctors may be looking to retire soon. This information is alarming, as PCPs are vital in detecting health threats earlier before they become harder to treat—and incur additional costs. They are critical health care partners who can help ensure employees are healthy at every stage of their lives.

Employers have an opportunity to help employees understand in-network providers and how to select a PCP who is suitable for their—or their family’s—health care needs. As such, this hurdle is another critical component of helping increase health literacy.



Rising Health Care Costs

It's no secret that health care costs in the United States have risen sharply over the past two decades and will likely continue to increase. In fact, according to the Centers for Medicare & Medicaid Services, annual growth in national health spending is expected to average 5.1% over 2021-30, reaching nearly \$6.8 trillion by 2030. Rising costs of medical care paired with record-high inflation rates are also preventing many people from getting necessary preventive care.

Additionally, due to the aforementioned lack of health literacy, employees may not know preventive care is covered and, as a result, put off screenings or checkups because they're concerned about sky-high medical costs putting them in debt. Fears about medical debt can cause people to avoid medical care; however, in the long run, those who receive preventive care can help reduce their risk for disease or disability, which can come with exorbitant associated costs.

Employers will want to focus on providing benefits education to help guide employees on their journeys to be educated health care consumers, maximize their benefits and understand the importance of routine care.



COVID-19 Pandemic

Last but not least, the COVID-19 pandemic significantly delayed preventive care for Americans. The early years of the pandemic greatly disrupted health care appointments for many people, causing them to fall behind on routine care and screenings. With preventive care delayed, essential services (e.g., vaccines, screenings and wellness checks) were likely pushed back. Now, lockdowns and mandated mask-wearing have become a thing of the past, so it's imperative that people get back into a habit of seeking preventive care as the pandemic era persists.

The Benefits

Preventive care is a win-win service for employees and employers alike. Preventive care plays a significant role in employees' long-term health, helping them mitigate—or at least delay—the onset of short- and long-term conditions that can drastically affect their vitality and well-being. Healthy employees are an essential asset for employers.

Consider the following benefits of preventive care:

- **Lowered health care services and costs**—Preventive services can help employees detect health issues early on, reducing their potential care and associated costs. There can also be a trickle-down effect on employers who sponsor their health plans.
- **Maximized plan benefits**—When employees take advantage of preventive care services covered in health plans, they take ownership of their health. By preempting significant health issues, employees can potentially avoid expensive services and treatment down the road. This can help protect employers and employees alike from increased insurance costs.
- **Reduced absenteeism or presenteeism**—Healthy employees are valuable in the workplace. Employees failing to obtain routine care may be sick more frequently or develop chronic conditions—resulting in absenteeism or temporary workforce losses. Presenteeism, which occurs when an employee attends work when they have a justifiable reason to be absent, such as a physical or mental illness, is equally significant as absenteeism since both result in reduced employee productivity and performance. Harvard Business Review has roughly estimated that presenteeism costs the U.S. economy \$150 billion yearly in lost productivity, surpassing annual absenteeism costs.
- **Improved employee morale**—When employees are healthy and derive value from their benefits, employers often notice a positive trend for overall employee morale, which ultimately boosts employee attraction and retention efforts.

The following section outlines opportunities for employers to promote and increase the usage of preventive care services.

Employer Considerations

It's evident that preventive care is essential to the long-term health of employees. Fortunately, employers are uniquely positioned to help workers get into the habit of preventive checkups, screenings and the like. After all, so much time and effort go into designing benefits plans that employers should be heavily invested in helping employees understand how to use these benefits best while keeping health care costs in check.

Many employers are worried about controlling rising health care costs and providing employees with affordable, quality care options. This section explores ways employers can maximize their health care investments through preventive care utilization.

Education

Making employees aware of preventive care is the first step. For education to be impactful, it's worth going back to the basics of health insurance. This can include explaining the different types of health plans, the difference between in-network and out-of-network care, how to use health spending accounts and how claims become bills. An employer's plan should also communicate cost-saving strategies, such as opting for generic medication, choosing urgent care over the ER and shopping around before obtaining treatment whenever possible. Educating employees on the basics of health insurance and benefits empowers them to make more informed health care decisions. The overall goal is to increase employees' health literacy.

In addition to providing basic benefits education, a robust plan will include information on preventive care and wellness and focus on increasing employee engagement and participation. Beyond understanding the cost of health care, many employees are not engaged in taking charge of their health. Employee behavior and lifestyle are significant factors in health status—often trumping genetics, the environment or access to care—and can considerably impact the utilization and cost of health care.

Consider covering the following topics in preventive care education:

- An overview of preventive care, highlighting the difference between preventive and diagnostic care
- The importance of preventive care, along with associated costs
- Preventable health conditions (especially chronic conditions) and their potential risk factors
- Preventive care's benefit of early health condition detection, which can help employees save their hard-earned health care dollars
- Preventive care services that the organization's health plan offers, highlighting undervalued and underused preventive health benefits (e.g., benefits provided under the ACA)
- Ideas or suggestions to help encourage employees to use preventive services or screenings (e.g., a spreadsheet or poster that outlines recommending timing for common preventive services)

Employees should be educated on the preventive care services the health plan offers, their potential risk factors and the benefits of preventive medicine.

Access

After a foundational education is in place, employers can help increase access to preventive care opportunities. Even if people understand preventive care is essential, many neglect it due to a lack of time or convenience. Consider the following ways to make receiving preventive care as easy as possible:

- Actively encourage the use of preventive care benefits.
- Review benefits to ensure telehealth options are available.
- Bring preventive services on-site, regardless of plan participation (e.g., flu shot clinics and mobile van for vaccinations and screenings).
- Offer at-home health care screening alternatives.
- Provide paid time off (PTO) or the ability to flex hours for employees to receive preventive care.

Especially in today's workplaces, employers may be managing a dispersed workforce, so it's essential to consider various ways to offer access and engage employees. No single approach will be right for all organizations, so employers must tailor opportunities for their workforce. It's one thing to have benefits available, but for them to be impactful, employees need to be able to use them in a way that's convenient to them. That's how a healthy lifestyle becomes a habit.

Incentives

While not an entire strategy for increasing preventive care utilization, many employers are leveraging incentives as part of their overall efforts. Once employees understand the importance of preventive care and how to access their benefits, they may require further motivation to utilize such services and treatments. As such, employers can incentivize healthy behaviors and the utilization of preventive education and benefits. Consider the following incentives:

- Cash and cash-equivalent incentives
- Benefits-based incentives (e.g., PTO)
- Public recognition (e.g., email, employee newsletter and awards)

Incentives can be tied to specific employee behaviors or actions, such as participating in a cholesterol screening, selecting a PCP or getting their annual flu shot. Some employers may use a wellness program tracking platform to track and validate employee progress toward earning incentives.

Keep in mind that incentives need to be voluntary and nondiscriminatory. As such, they are complex to implement, so employers should consult with local legal counsel before incentivizing employees.

A Horst Insurance representative can provide employee communication and engagement resources to educate employees about preventive care and their options and encourage them to make routine care a healthy habit.

Summary

Preventive care is essential in the early detection of serious diseases and overall long-term health outcomes. Employees who delay or forgo recommended preventive health care can cause employers to incur higher costs due to productivity losses and treatment costs.

Employers are impacted in various ways when employees fail to utilize preventive services. Although most people understand they should take advantage of preventive care services, many employers still struggle to get employees to utilize this care.

Nevertheless, employers have a responsibility to remove as many barriers to health care as possible and encourage employees and their families to get back on track with preventive care and their overall well-being.

Changing rules and guidelines require employers to remain vigilant about preventive service coverage provisions within their plan design. Employers also play a role in promoting the use of preventive screenings among employees and educating them about the importance of adhering to guidelines. Employers can expand access to preventive care and develop programs and incentives to help motivate employees to build sustainable healthy habits and create a health care approach focused on prevention.

The various strategies outlined within this toolkit are merely suggestions and are not intended to be exhaustive. Please contact us at Horst Insurance so we can discuss how to best address preventive care with your workforce.



Appendix

This Appendix features valuable information on preventive care, including infographics and posters.

Please consult with Horst Insurance if you have any questions about these materials or would like additional employee communication resources (e.g., articles, videos, postcards and presentations) about preventive care.

Printing Help

There are many printable resources in this Appendix. Please follow the instructions below if you need help printing individual pages.

1. Choose the “Print” option from the “File” menu.
2. Under the “Settings” option, click on the arrow next to “Print All Pages” to access the drop-down menu. Select “Custom Print” and enter the page number range you would like to print, or enter the page number range you would like to print in the “Pages” box.
3. Click “Print.” For more information, please visit the Microsoft Word [printing support page](#).

What Is Preventive Care?

Preventive care includes a variety of health care services focused on helping you maintain good health. Regular medical care focuses on treating illness, while preventive care aims to keep you from getting sick in the first place.

Most health plans must cover a set of preventive services at no cost to you. These services include the following:



Annual checkups



Health screenings



Lab tests



Immunizations



Counseling

Why am I being charged a fee for preventive care?

Your health plan may charge a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your office visit.

Practice Preventive Care

When preventive care is combined with leading an overall healthy lifestyle, you can significantly increase your chances of avoiding chronic conditions in the first place. Consider the following tips for practicing preventive care:

Schedule a general checkup.

Exercise regularly.

Eat a balanced diet.

Avoid excessive alcohol and tobacco use.

Ensure you're up to date on vaccinations.

Get screened as recommended.

With preventive care, you and your family could catch signs of health issues before they become more serious. Don't wait until it's too late—contact your doctor today to discuss your preventive care options.

The Value of Primary Care

Many people only think about going to the doctor's office when they get sick or injured. However, even the healthiest adults need routine health care.

What Is Primary Care?

Primary care is meant to be your main point for health care services, addressing most of your health needs throughout your lifetime. For that reason, primary care incorporates several different kinds of health care services, including:



Preventive care
and screenings



Acute care
diagnosis and
treatment



Chronic
condition care



What Are the Benefits?

Primary care is meant to manage your day-to-day health needs. As such, a primary care provider (PCP) can help you stay healthy by being the first to treat any health concerns. Primary care offers several benefits, including the following:

- + **It addresses a wide range of health problems.**
Your PCP can handle various health care needs. You can discuss current symptoms, medications and vaccinations all in one appointment.
- + **It offers referrals to specialists.**
Certain health conditions may require specialist care. Your PCP can give referrals for such care and coordinate information among providers.
- + **It manages existing health conditions.**
Routine care is a great way to manage chronic diseases, such as arthritis, asthma, diabetes and high cholesterol.
- + **It detects problems early.**
Regular exams and screenings can help identify your risk factors or spot health issues before they become more serious.
- + **It fosters a doctor-patient relationship.**
Your PCP should serve as a partner in your ongoing health journey, so finding someone you can trust and talk openly with is essential.
- + **It lowers your health care costs.**
Primary care offers high-quality services and can help address health problems in the early stages, often lowering overall health care costs.

It's vital to take charge and feel empowered about your health. Start by finding yourself a health care ally and scheduling routine checkups with your PCP.

Have You Visited the Doctor This Year?

Visiting your primary care doctor at least once a year is essential to keeping your health on the right track. In fact, those who take preventive care seriously tend to be healthier and lead more productive lives. Take a look at the following three ways you can benefit from scheduling your annual checkup:

1

Control Chronic Diseases

Visiting your doctor for an annual checkup can help you detect and receive treatment for chronic conditions before they cause serious health problems.



2

Establish a Baseline

If you schedule annual checkups, your doctor will likely be more familiar with your personal health history. This knowledge will help create a health baseline, allowing your doctor to detect any unusual or abnormal health concerns before they become a more serious issue.



3

Form a Relationship

Research shows that patients who have a good relationship with their doctor receive better care and are happier with the care they receive. Going to your annual checkup will help strengthen the relationship between the two of you, increasing your trust and comfort in the care you receive.

