



Tips for understanding your plan

Preventive Care

Preventive care can help keep you from having health problems 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: <ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> ■ Monitor existing conditions ■ Diagnose and treat a new condition ■ Address any health concerns you bring up during your visit
Examples	<ul style="list-style-type: none"> ■ Most immunizations ■ Well-child visits ■ Prenatal care ■ Screenings for cancer, such as: <ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> ■ Blood pressure ■ Cholesterol ■ Sexually transmitted infections (STIs) ■ Type 2 diabetes ■ Depression ■ Tobacco use ■ Alcohol misuse ■ Domestic violence 	<ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> ■ 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.

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."

Questions? Call Customer Service at the number on the back of your Medica ID card.

¹Your 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.

²Your 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.