

# Get Screened: Take charge of your health. Take charge of your life.

These tests relate to heart disease, stroke, diabetes, cancer and injuries. Act on information from these tests to keep healthy now and later. If you have questions about these tests, talk with your health care provider.

**Using an in-network provider will save you money!** Eligible preventive care services for AlaskaCare are covered at 100% and not subject to deductible or coinsurance when members receive services from a network provider. Services received from an out-of-network provider are not covered at the same benefit level.

To identify risk	Get this service and talk about its results with your provider	How often*	Covered by AlaskaCare – active employees
Tobacco use	Provider recommendations for quitting	Every health care visit	During once-per-benefit-year preventive exam. Alaska's Tobacco Quit Line is always no charge — 1-800-QUIT-NOW.
Unhealthy weight	Height and weight measurement	At least yearly	During once-per-benefit-year preventive exam.
High blood pressure	Measurement	Every 2 years, or yearly if blood pressure is 120/80 or higher	During once-per-benefit-year preventive exam.
Slips and falls	Risk review	Yearly, start at age 65	During once-per-benefit-year preventive exam.
Diabetes	Fasting blood test (blood sugar) or A1c	Every 3 years, start at age 45	Every 3 years starting at age 45, or earlier/more frequently if physician determines need.
High cholesterol (fats in your blood)	Fasting blood test (lipid panel)	Every 5 years, men start at age 35, women start at age 45	Routine screening every 5 years starting at age 20, or more frequently if your provider determines a need.
Heart attack or stroke	Risk assessment — Should you take aspirin?	Every 5 years, men ages 45-79, women ages 55-79	During once-per-benefit-year preventive exam.
Breast cancer	Mammogram	Women every 2 years, ages 50-74	Yearly mammogram starting at age 40 if recommended by your provider.
Cervical cancer	Pap smear	Women every 3 years, starting at age 21	Every 1 – 3 years based on your provider's determination of need.
Colorectal cancer	<b>EITHER</b> Colonoscopy	Every 10 years, ages 50-75	Tests covered as recommended, or more often if your provider recommends it.
	<b>OR</b> Fecal Occult Blood Test (FOBT) <i>and</i> Sigmoidoscopy (Sig)	FOBT yearly, ages 50-75 Sig every 5 years, ages 50-75	

\*Get tested more often if you have risk factors ([see below and turn page over for more information](#)).

## Disease-specific risk factors:

- **Diabetes:** Being Alaska Native/American Indian, African American/Black, Asian, Pacific Islander, or Hispanic/Latino; or, if a woman, having gestational diabetes during pregnancy or having a baby who weighed more than 9 pounds at birth.
- **Cardiovascular diseases** (heart attack, angina or stroke): Drinking more than a moderate amount of alcohol (for example, more than 2 drinks daily for men or more than 1 drink daily for women); or having diabetes.
- **Falls:** Risk factors that can be changed include: lower body weakness; poor vision; problems with gait, balance, shoes and/or feet; home hazards; use of psychoactive medications; and postural dizziness (head rush). As the number of risk factors goes up, so does the chance of a fall.
- **Cancer:** Having or had Hepatitis C.

If you have questions about AlaskaCare payment for a specific medical bill or want to find a network provider in your area, visit [www.AlaskaCare.gov](http://www.AlaskaCare.gov) or call Aetna's health concierge at 1-855-784-8646.



Chronic diseases share risk factors. If you maintain or adopt healthier behaviors, you reap multiple benefits.

You are more likely to develop...	By...					
	Being overweight	Using tobacco	Exercising fewer than 3 times weekly	Having a relative with the disease	Having high blood pressure or high cholesterol	Eating foods that are...
Diabetes	X	X	X	X	X	
Heart attack, chest pain or stroke	X	X	X	X	X	high in salt
Cancer	X	X	X	(some cancers)		high in fats and/or high in white flour and sugars

### *In-Network versus Out-of-Network providers:*

If your care is provided by an *in*-network provider, these preventive services will be paid at 100% of the provider's rate, are not subject to co-payment (i.e., a fixed cost per visit), and do not require you to meet your deductible first.

Preventive care means:

- The screening is done within age and gender guidelines;
- You do not have symptoms or results indicating an abnormality at the time of service, **but** a service may still qualify as preventive care if a health condition is diagnosed during a preventive care exam or screening; and
- The test has normal results, **but** diagnostic care occurring at the same time as a preventive service may also qualify as preventive care, **if** it is an integral part of the service (e.g., polyp removal during a colonoscopy).

If you use an *out*-of-network provider, eligible preventive benefits will be covered as normal benefits and subject to deductible and coinsurance. This means that you will have to meet your deductible (amount varies depending on the plan you selected) before the plan will begin paying benefits toward these services. After you meet your deductible, benefits will be subject to plan coinsurance (i.e., a percentage of the cost of the visit) until the annual out-of-pocket limit has been met.

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