

# knewrhealth

**Preventive Care, Supplemental Allowances, DPCs, and More**

# Routine Preventive Care

Knew Health not only shares in the cost of new medical conditions, like illnesses, injuries, and pregnancies, but also in routine preventive care.

We follow the national recommendation for which preventive services are eligible to share. This includes:

- annual physicals
- well-woman visits
- well-child visits from birth through age 18
- standard screenings, like mammograms, colonoscopies\*, and STD/STI screenings
- birth control
- routine lab work\*

You can see a complete list of services here: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

You will not be limited in your choice of healthcare practitioner for preventive care and these costs will not be subject to your Initial Unshareable Amount (IUA).

Shareable amounts are based on the national average cost for these preventive services.

We share up to 130% of the national average cost.

For example, in 2022, the national average cost for a routine physical was \$169. We are able to share up to \$220 (130% of \$169) of the cost of a routine physical. We do take inflation and cost-of-living into account and we have pushed the maximum up to \$250 per routine physical.

Members will generally get the best cash-pay rate by paying at the time of service. So you will need to obtain an itemized receipt and submit that to Knew Health for reimbursement up to 130%.

If your healthcare provider charges less than 130% of the national average, you will be reimbursed in full. If they charge more than 130%, you will still be reimbursed up to the 130% maximum value.

If you encounter issues with finding a fair price for a procedure or service, contact the Needs Team at [needs@knewhealth.com](mailto:needs@knewhealth.com).

If any routine, preventive screenings or test results are unusual and require further diagnostic testing, these future costs will be subject to your Initial Unshareable Amount (IUA).

## Routine Lab Work

Lab work is an area where prices can vary drastically. To ensure that Members can get fair rates on standard lab work, Knew Health Members have access to Evexia Diagnostics. Knew Health will generally share up to \$80 for routine/preventive lab work. We encourage all Members to use Evexia Diagnostics whenever possible as their prices are some of the most fair and reasonable. Routine lab work typically includes the following:

- Comprehensive metabolic panel (CMP)
- Complete blood count (CBC)
- Immunoreactive insulin
- Hemoglobin A1c (HbA1c)
- Lipid Panel+VLDL+Non-HDL Cholesterol+TC/HDL Ratio
- Thyroid Profile with TSH
- Prostate-specific Antigen (PSA)
- Iron/Ferritin
- Vitamin D, 25-Hydroxy

## Supplemental Allowance

Knew Health Members go above and beyond routine preventive care to stay as healthy as possible. To help manage the cost of additional preventive care, each Membership receives \$200 per year. This is not per member.

Examples include:

- maintenance chiropractic
- acupuncture care
- massage therapy
- counseling/therapy (mental/behavioral health)
- gym memberships
- nutritional supplement costs
- additional lab work

Simply submit your receipt for reimbursement through the online portal.

This allowance is in addition to routine, preventive sharing and is not to be used for expenses that would go towards your Initial Unshareable Amount for injury, illness, or pregnancy expenses.

## Direct Primary Care

If Members are a part of a Direct Primary Care (DPC) program, Members will receive 10% off their monthly contributions as long as they are active with the DPC.

To provide proof of DPC participation, Members must provide a statement of participation from their practitioner or proof of payment. This needs to be emailed to [hello@knewhealth.com](mailto:hello@knewhealth.com).

If a Member receives the 10% discount for DPC participation, these Members are not eligible to be reimbursed for routine preventive care that is managed by the DPC.

## Colorectal Screenings

If you're age 45 to 75, get tested regularly for colorectal cancer. Regular screening can help prevent colorectal cancer or find it early, when it may be easier to treat. You may need to get tested before age 45 if colorectal cancer runs in your family. Talk with your doctor and ask about your risk for colorectal cancer.

### How often should I get screened for colorectal cancer?

How often you need to get screened will depend on your risk for colorectal cancer and which screening test you choose.

There are different ways to test for colorectal cancer. Your doctor can help you decide which test you would prefer. There are several choices: stool tests, a flexible sigmoidoscopy, or a colonoscopy.

### Multitarget DNA Stool Test (Cologuard®)

This stool test only needs to be repeated every 3 years for qualifying candidates.

The cost of Cologuard® is \$581 (after \$100 off for a prompt-pay discount). We will reimburse members up to \$581 for Cologuard once every three years.

If the result is normal, you can wait 3 years before taking the test again. If the result isn't normal, you'll need a follow-up diagnostic colonoscopy to find out why.

## **Flexible Sigmoidoscopy**

This test lets the doctor look inside the rectum and lower part of the colon to check for cancer or polyps (growths that can turn into cancer). To do a flex sig, the doctor puts a thin, flexible tube into your anus. This test is like a colonoscopy, but it only looks at part of your colon and has a smaller risk of complications.

Before the test, you need to drink a laxative to clean out your bowels at home. Preparing for a flexible sigmoidoscopy is not as complicated as preparing for a colonoscopy but might still get in the way of normal activities the day before the test.

The test takes about 15 minutes to do. You usually don't need anesthesia during the test, but you might feel some discomfort. If the test shows you have polyps, the doctor can usually remove them. You can get back to your usual activities right away.

If the result is normal, you can wait 5 years before getting tested again — or 10 years if you get the flexible sigmoidoscopy combined with the regular stool test. If the result isn't normal, you'll need a follow-up colonoscopy to find out why.

## **Colonoscopy**

Colonoscopy lets the doctor look inside your rectum and colon to check for cancer or polyps (growths that can turn into cancer). To do a colonoscopy, the doctor puts a thin, flexible tube into your anus. This test can be done in a specialized office, but is typically done at a surgical center, hospital, or clinic.

Before the test, you need to drink a laxative to clean out your bowels at home. Keep in mind that this may get in the way of your normal activities the day before the test.

When you get to the hospital or clinic, you get anesthesia (medicines that block pain and make you relaxed or put you to sleep). With these medicines, most people feel very little discomfort during the test.

The test itself takes about 20 minutes, but you may need to take the whole day off from your usual activities and ask someone to drive you home because of the anesthesia. There's a small risk of complications (like bleeding or tearing a hole in the bowel).

If the result is normal, you can wait 10 years before getting tested again. If polyps are found during the test, the doctor can usually remove them, but you might need another colonoscopy in 3 to 5 years.

### **Preventative Screening vs Diagnostic**

A colonoscopy is considered preventive if the patient doesn't have any:

- gastrointestinal symptoms before the colonoscopy
- there's no personal or family history of polyps or colon cancer
- no polyps or masses are found during the colonoscopy

If any of the above apply, or a stool test returns a positive result, the colonoscopy will be considered diagnostic, and the member will have to pay an Initial Unshareable Amount (IUA) before the rest of the need is shared.

Screening colonoscopies are fully shareable with no IUA up to 130% of the national rate. Reimbursement for colonoscopies is more involved and costs can vary from \$500 to \$5,000 as there are many different variables (location, physician, facility, anesthesia, prep). Please reach out in advance to the needs team so we can work directly with you and your providers to get you full reimbursement.