

Insurance Coverage for Annual Physical Exams

Annual physical exams are a crucial aspect of preventive health care. Visiting your doctor at least once a year can help you understand your overall health, catch health concerns early and maintain a strong relationship with your health care provider.

Under most major insurance plans, preventive care—including annual physicals—is covered at no cost to patients. However, the services performed during your visit may affect the cost and insurance coverage. This article explains how annual physical exams are covered under the Affordable Care Act (ACA). It also provides strategies to ensure your visit is covered.

Overview of Annual Physical Exams

An annual physical is a routine evaluation of your general health. Typically, it includes a review of your medical history, lifestyle and medications; assessment of your vital signs (e.g., blood pressure, heart rate); a physical examination that checks your heart, lungs, abdomen, head and neck; and age-appropriate screenings. Providers may also recommend blood work during these visits to assess other levels, such as cholesterol. It is also common for providers to recommend medications or vaccinations.

The goal of these exams is to establish a baseline for your health and prevent health issues by identifying early signs of disease. Annual physicals are a good time to bring up any nonurgent health concerns, such as weight, making them valuable check-ins for your overall health. Annual physicals may also be required for some occupations, as well as participation in activities such as sports.

ACA Requirements for Preventive Care

Under the ACA, most health insurance plans and issuers must cover a set of recommended preventive services—including routine physical exams—at no cost to you, as long as the provider is in network. This means you won't have to pay copays, deductibles or coinsurance for eligible preventive services. However, you may be charged for these services if you visit an out-of-network provider.

Covered services include, but are not limited to:

- Cancer screenings
- Blood pressure, diabetes and cholesterol tests
- Routine vaccinations against diseases
- Counseling for topics such as quitting smoking or losing weight

As medical research evolves, preventive care guidelines are updated, so your plan's coverage may change from year to year. These preventive services help you receive care early and at no additional cost, supporting better long-term health.

Annual Physical Coverage Under Most Health Plans

ACA-compliant employer-sponsored health plans cover annual physical exams at no out-of-pocket cost to patients because they fall under preventive care. However, coverage details (e.g., visit frequency limits or which screenings are included) may vary by insurance company or plan.

In addition, insurers may differ in how they classify certain tests or blood work, affecting whether a service is billed as preventive or diagnostic. This can result in a patient unexpectedly receiving a bill after a physical exam. You could be charged for services during your physical that are considered outside the scope of preventive care, including diagnostic evaluation, additional tests or medical treatment that are not classified as preventive. For example, if you are concerned about ongoing knee pain and your doctor examines your knee, orders an X-ray or another test, and provides treatment or writes you a prescription, you may be charged for such diagnostic services through copays, coinsurance or deductibles, depending on your plan.

Keep in mind that preventive care isn't covered everywhere; costs may apply with out-of-network providers. It's essential to know which providers and services are covered by your insurance plan to avoid additional costs for your annual physical.

Schedule Your Visit

Being prepared for your annual physical exam can help you get the most out of your visit and avoid unexpected bills. Consider the following steps to ensure your physical exam is fully covered:

- **Review your insurance coverage.** Specifically, review your plan's Summary of Benefits and Coverage. This document provides concise information on your plan's benefits and coverage to help you understand it. Additionally, you should review your preventive care benefits. Many plans list the specific preventive services they cover, so you can confirm which services and screenings qualify.
- **Verify your provider is in network** so your annual physical exam is fully covered. This visit should be scheduled as a preventive exam or an annual wellness check so it is covered at no cost to you.
- **Clarify that you are scheduling an annual physical.** When booking your appointment—whether online, over the phone or in person—you'll typically be asked to choose the type of visit. Primary care providers offer several appointment types, such as visits for chronic conditions or new symptoms, so specifying that you want an annual physical can help ensure your appointment is scheduled and billed correctly.
- **Know what services are considered preventive versus diagnostic.** Before your annual physical appointment, ask your doctor whether such concerns may be considered diagnostic and therefore not covered under preventive care. This way, you can know ahead of time if costs might apply.
- **Bring your insurance card** to help ensure accurate billing. Also, be sure to complete any pre-visit forms, as they may help clarify whether you are receiving preventive or diagnostic care.
- **Ask for an itemized bill** if you receive an unexpected charge from your annual physical visit. Your provider or insurer can correct billing errors.

Summary

Annual physical exams are vital for maintaining good health and preventing disease, and under the ACA, they are covered by most insurance plans at no cost to you. Understanding preventive care and the services covered can help you take advantage of this valuable benefit.

If you have questions about your insurance plan, reach out to your employer.

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