

June is Annual Physicals & Preventive Services Awareness Month



Why is Preventive Care Important?

The purpose of preventive care is to prevent illnesses and disease or to detect illness at an early stage when treatment is likely to work best.

According to the Centers for Disease Control (CDC), chronic diseases, such as heart disease, cancer and diabetes, are responsible for 7 of every 10 deaths among Americans each year.

These chronic diseases can be largely preventable through a close partnership with your healthcare team, or can be detected through appropriate screenings, when treatment works best.

Under the County's health plans, a preventive services well-check is covered every year, at no cost to you! This is true even on the high deductible plan!

Ways to Stay Healthy

Eating healthy, exercising regularly, avoiding tobacco, and receiving preventive services such as cancer screenings, well-checks and vaccinations, are just a few examples of ways you can stay healthy.



Getting the recommended preventive care throughout your life will help you stay healthy, avoid or delay the onset of disease, keep diseases you already have from becoming worse or debilitating and help you lead a more productive, enjoyable life.

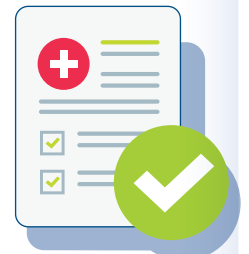
If you need assistance locating a network provider, please call the member number on your ID Card. For a list of recommended preventive services, please see the UMR brochure on the Health Benefits web page: <http://www.stancounty.com/riskmgmt/risk-eb-medical-benefits-sub-main.shtm>.

Preventive Services

Preventive care includes screenings, well-checks and patient counseling that is used to prevent and detect illnesses, disease and other health problems.

Some examples of preventive services that are covered under the County plans are:

- Screening colonoscopies for members 50 and older
- Screening mammograms for women age 40 and older
- Annual physicals
- Well-child exams
- Well-woman exams
- Vaccinations (vary by age)



Your Visit

To get the most of your well-check, be prepared to discuss the following with your provider:

- Your health history as well as that of your close relatives
- All medications you're taking, including prescription, over-the-counter, vitamins and herbal supplements
- Changes in existing health problems
- Any new conditions you or your family is experiencing

Understanding preventive care



Remember the old saying “An ounce of prevention is worth a pound of cure”? This can be especially true when it comes to preventive care services.

Maintaining or improving your health with routine preventive care, along with following the advice of your doctor, may help you live a healthier life. Routine checkups and screenings may help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health, and help you reach your personal health goals.



What is preventive care?

Preventive care focuses on your current health, when you are symptom free, and helps your doctor find health issues at an early stage to help prevent more serious health problems.

Your preventive care services may include physical exams, immunizations, lab tests and other types of screening services. During your preventive visit your doctor will determine which tests or health screenings may be right for you based on many factors such as your age, gender, overall health status, personal health history and your family health history.

Preventive services may include many types of services, subject to age and gender guidelines, including:

Physician office services

- Routine physical exams
- Well-baby and well-child care
- Immunizations

Lab, X-ray or health screening tests

- Screening mammography
- Screening colonoscopy or sigmoidoscopy
- Cervical cancer screening
- Osteoporosis screening



A UnitedHealthcare Company

Frequently asked questions

What health services are NOT considered preventive care?

Medical services for specific health issues or conditions, ongoing care, lab tests or other services necessary to manage or treat an already-identified medical issue or health condition are considered diagnostic care, not preventive care.

How does UMR determine the difference between preventive care and diagnostic services?

Certain services can be done for either preventive or diagnostic reasons. When a service is provided specifically for preventive screening, and there are no known symptoms, illnesses, or history, the service will be considered preventive care based on age, gender and other factors performed or ordered by a network physician. Like all health services, coverage for preventive services is subject to the member's benefit plan.

Services are considered preventive care when a person:

- Does not have symptoms or any studies indicating an abnormality.
- Has had a screening done within the recommended age, gender and time interval guidelines with the results being considered normal.
- Has had a diagnostic service with normal results, after which the physician recommends future preventive care screenings using the established age, gender and time-interval guidelines.
- Has a preventive service that results in diagnostic care or treatment being done at the same time and as an integral part of the preventive service (e.g., polyp removal during a preventive colonoscopy), subject to benefit plan provisions.

Services are considered diagnostic care¹ when:

- Services are ordered due to current issues or symptoms that require further diagnosis.
- Abnormal test results on a previous preventive screening or diagnostic test requires further diagnostic testing or services.
- Abnormal test results found on a previous preventive or diagnostic service requires the same test be repeated sooner than the established age and gender guideline recommendations would require.



Examples of diagnostic services:

- ▶ A patient had a polyp found and removed during a prior preventive screening colonoscopy. Based on the doctor's recommendations for more frequent screening after finding and removing the polyp, all future colonoscopies are considered diagnostic.
- ▶ A patient makes quarterly visits to the doctor for blood tests to check her cholesterol level and to confirm the medication level is appropriate. The quarterly blood tests are considered non-preventive because they are treatment for an existing condition.

¹ A diagnostic service is not covered as preventive care, but may be covered under the applicable non-preventive medical benefit, subject to your Benefit Plan provisions

How are preventive care services covered?

Certain preventive services are covered without cost-sharing (charging a deductible, copayment or coinsurance) when these services are provided by a network provider and are based on age, gender, or other factors. There may be services you had in the past that will now be covered as preventive services, at no additional cost to you. And, there may be services you received in the past that were paid as preventive care but may no longer be covered as preventive under the health care reform guidelines.

Are mammograms covered, and would family history dictate whether they would be considered preventive?

UMR generally covers screening mammograms for adult women without any history or symptoms, as preventive care. If a woman were having mammograms, due to a health issue, those would be considered diagnostic rather than preventive. Your doctor is able to determine whether your mammogram is a screening mammogram or a diagnostic mammogram.

Are preventive care services limited to one visit per calendar year, or can the physician recommend more frequent preventive care services?

UMR will apply limits that are the same as the recommendations and guidelines of the U.S. Preventive Services Task Force (USPSTF) or other organizations. These limits are set based on age, gender and medical evidence.

Does UMR consider medication a preventive care service?

UMR will provide coverage for the physician evaluation, medication management and counseling services as described in your benefit plan. If your plan provides a pharmacy benefit, you may be eligible for certain over-the-counter drugs and prescribed medications covered as preventive care.

This list may include certain women's contraceptives under the preventive care benefit, aspirin to prevent cardiovascular disease in men and women, folic acid supplements for women who may become pregnant, and iron supplements for children at risk for anemia. Generally, over-the-counter medications are excluded from coverage.

Are there lifetime dollar limits on preventive care services?

Preventive care services are generally covered without cost-sharing and are not subject to lifetime dollar limits when you obtain them from network providers, under current health guidelines.

Is there a list of specific preventive health services?

The Patient Protection and Affordable Care Act (PPACA) requires most plans to cover certain preventive care services, ordered or prescribed by a network provider, without cost-sharing, based on the following guidelines:

- Preventive service "A" and "B" recommendations of the U.S. Preventive Services Task Force (USPSTF).
- Immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and recommendations by the Health Resources and Services Administration (HRSA).
- Pediatric services based on guidelines supported by the HRSA, including recommendations by the American Academy of Pediatrics Bright Future Periodicity Schedule, and newborn metabolic screenings.
- Preventive care and screening for women as provided in the comprehensive guidelines supported by the HRSA.

The list of current preventive care recommendations and guidelines can be found at www.HealthCare.gov.

Preventive or not?

When you visit your doctor, the services you receive will be considered either preventive or non-preventive. See if you can determine in the following situations, before you read the answers, whether the care received would be considered preventive or non-preventive.

SITUATION 1

A woman visits her network doctor for her screening mammogram.

ANSWER: This is considered preventive care because her visit is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

SITUATION 2

A woman visits her primary doctor who examines her for evidence of skin cancer as part of her preventive exam.

ANSWER: This is considered preventive care because her visit, with her network primary care provider, is part of an age appropriate preventive exam and has not been prompted by any sort of previous diagnosis.

SITUATION 3

A 35-year-old man with no history of elevated cholesterol receives a screening blood test to measure his cholesterol level.

ANSWER: This cholesterol screening is considered preventive care because it is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

SITUATION 4

A man visits his primary care doctor for his preventive care exam and based on his age, his doctor recommends a screening colonoscopy.

ANSWER: This is considered preventive care because this service is part of routine annual exam and has not been prompted by any sort of previous diagnosis.

SITUATION 5

A woman has an annual wellness exam and receives blood tests to screen for anemia, kidney or liver function.

ANSWER: If the physician orders lab work during a preventive care visit, some of the tests may be covered as preventive care, such as a cholesterol screening. However, other blood chemistry panels, such as anemia screening, kidney or liver function, would not be covered as preventive care. These would be considered diagnostic tests. The woman would be responsible for paying the costs of the tests.



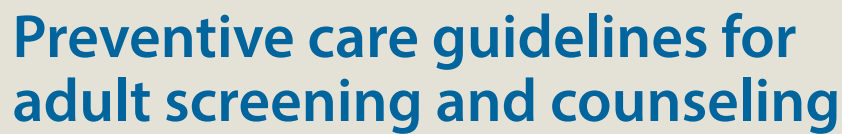
Take advantage of preventive care to help manage your health

Preventing disease and detecting health issues at an early stage, if they occur, are important to living a healthy life. Following the recommended guidelines, based on your age and gender, along with the advice of your doctor, may help you stay healthy. For specific health questions and concerns, talk with your doctor and follow his or her direction as to the preventive care services that are right for you.

UMR and your employer are dedicated to helping people live healthier lives™ and we encourage members to receive age and gender appropriate preventive health care services. Under health care reform, most members are eligible to receive certain preventive health care services, based upon age, gender and other factors, with no cost-sharing. Your plan covers preventive services, as specified in the health care reform law at 100 percent without charging a copayment, coinsurance or deductible, as long as you obtain the services from a health plan network provider. Always refer to your plan documents for your specific coverage.



A UnitedHealthcare Company



Recommendations for adult screenings

Recommendations for adult counseling

Tobacco/nicotine use

[illegible]



Preventive care guidelines for adult immunizations

Immunizations save millions of lives each year, and can help protect you against many illnesses and diseases. The following immunization schedule will provide you with the guideline recommendations for adults over age 18.

	18	25	30	35	40	45	50	55	60	65	70
Human papillomavirus vaccine Three doses may be administered to both males and females age 9–26 years with physician discretion.	○	○									
Measles, mumps, rubella (MMR) vaccine Once for all adults without immunity. Adults born before 1957 are generally considered to be immune to measles and mumps so may not require vaccination. Those born after 1957 may need a second dose. Between ages 18 to 49 years, one or two doses. Over age 50, one dose. Discuss with your physician.	●	●	●	●	●	●	●	●	●	●	●
Hepatitis B vaccine Three doses for all persons at risk and pregnant women beginning at first prenatal visit. Discuss with your physician.	○	○	○	○	○	○	○	○	○	○	○
Influenza vaccine One dose annually as directed by your physician.	●	●	●	●	●	●	●	●	●	●	●
Pneumococcal vaccine (PPV) Between ages 18 to 65 and individuals at high risk for complications of infection. Discuss with your physician.	○	○	○	○	○	○	○	○	○	○	○
Tetanus-diphtheria (Td/DTap) vaccine Every 10 years for adults who have completed the primary series. If the last vaccine was received 10 or more years ago, substitute for a single booster of Td. Booster may need to be given sooner after a tetanus-prone injury.	●	●	●	●	●	●	●	●	●	●	●
Varicella (VZV) vaccine Two doses for those susceptible with lack of immunity. Susceptibles: People 13 and older who have not received the vaccine and have not had chickenpox.	○	○	○	○	○	○	○	○	○	○	○
Hepatitis A vaccine Two doses for all persons at risk. Discuss with your physician.	●	●	●	●	●	●	●	●	●	●	●
Meningococcal vaccine One or more doses for individuals at high risk. ¹ Discuss with your physician.	○	○	○	○	○	○	○	○	○	○	○
Zoster vaccine One dose for those over age 60. ²									○	○	○

¹ High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in a dormitory or other group living conditions.

² For persons aged 65 and older, one time revaccination is recommended if they were vaccinated more than 5 years previously and were younger than age 65 years at the time of primary vaccination.



Preventive care guidelines for adult screenings for women

UMR and your employer are committed to advancing prevention and early detection of disease. The following information reflects the guidelines for women's preventive care services provided under the health care reform law.

	18	25	30	35	40	45	50	55	60	65	70
Well women exams Recommended for all women, with sufficient visits each year to obtain all required preventive care services.	○	○	○	○	○	○	○	○	○	○	○
Sexually transmitted infections screening Recommended for all sexually active women.	●	●	●	●	●	●	●	●	●	●	●
HIV screening and counseling Recommended for all sexually active women.	○	○	○	○	○	○	○	○	○	○	○
Cervical cancer screening (pap smear) Recommended screening in women age 21 to 29 every 3 years, for women age 30 to 65 every 3-5 years based on physician direction.	●	○	○	○	●	●	●	●	○	○	●
HPV DNA testing Recommended for women age 30+ as directed by your physician.	○	○	○	○	○	○	○	○	○	○	○
Breast cancer mammography Screening mammography available for all adult women of standard risk every 1-2 years beginning at age 40 or as directed by your physician. Women at defined high risk should be screened earlier. Consult with your physician regarding breast cancer prevention alternatives with low risk of adverse effects.	●	○	○	○	●	●	●	●	○	○	●
Osteoporosis screening Routine screening recommended for women age 65 and older. Screening for post-menopausal women at defined high risk, discuss with your physician.	○	○	○	○	○	○	○	○	○	○	○
Gestational diabetes screening Recommended for all pregnant women between 24-28 weeks and those at high risk during the first prenatal visit.	●	●	●	●	●	●	●	○	○	○	●
Urinary tract infection, hepatitis b, blood type and RH(D) incompatibility screening Recommended for pregnant women at first prenatal visit.	○	○	○	○	○	○	○	○	○	○	○
Folic acid - recommended dosage is 0.4-0.8mg daily Recommended for adult women of childbearing age beginning at age 18 who are considering pregnancy.	●	●	●	●	●	●	○	○	○	○	○

These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Discuss with your doctor how these guidelines may be right for you, and always consult your doctor before making any decisions about medical care. Preventive Care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage.



Preventive care guidelines for adult counseling for women

UMR and your employer are committed to advancing prevention and early detection of disease. The following guidelines reflect the expanded women's preventive care services provided under the health care reform law. The following guidelines provide the counseling recommendations for women over age 18.

	18	25	30	35	40	45	50	55	60	65	70
Domestic violence screening and counseling Recommended routine screening and counseling, by network primary care physician, recommended for all women.	○	○	○	○	○	○	○	○	○	○	○
FDA-approved contraception methods and counseling Recommended routine screening and counseling, by network primary care physician, recommended for all women. Approved female sterilization procedures with patient education and counseling.	●	●	●	●	●	●	●	●	●	●	●
Breast feeding and post-partum counseling, equipment and supplies Recommended as part of pre/post-natal counseling for pregnant women, with purchase of certain breast feeding equipment through approved vendors.pressure (either treated or untreated) greater than 135/80 mm Hg.	○	○	○	○	○	○	○	○			
Breast cancer genetic test evaluation and counseling (BRCA) Recommended for women at higher risk for breast cancer. Talk with your doctor if your family has a history of breast or ovarian cancer.	●	●	●	●	●	●	●	●	●	●	●



Preventive care guidelines for children

It's important for children of all ages to have preventive medical checkups. Preventive care promotes healthy growth and development and includes screening, counseling and immunization services for children at appropriate ages.

You can help promote your child's good health by scheduling regular checkups with a network physician to obtain age-appropriate preventive care screening services and immunizations. During these preventive care visits, you will want to provide the doctor with information about your child as well as information about illnesses or medical conditions your child may have, and the medicines your child takes, if any. The doctor will likely:

- ▶ Ask you questions about your child's growth and development
- ▶ Give your child a complete physical examination
- ▶ Make sure your child has up-to-date immunizations
- ▶ Give you advice to help your child stay safe and healthy

Services at each of these preventive visits will vary based on age, but will include some of the following:

- ▶ Measurement of your child's head size
- ▶ Measurement of length/height and weight
- ▶ Screening blood tests, if appropriate
- ▶ Age appropriate immunizations

- ▶ Vision screening
- ▶ Oral health risk assessment and counseling on oral health
- ▶ Hearing screening
- ▶ Psychological and behavioral development assessment
- ▶ Counseling on the harmful effects of smoking and illicit use of drugs (for older children and adolescents)
- ▶ Counseling for children and their parents on nutrition and exercise
- ▶ Screening certain children at high risk for high cholesterol, sexually transmitted diseases, lead poisoning, tuberculosis and more
- ▶ Evaluate the need for fluoride supplements
- ▶ Evaluate the need for iron supplements

Following your child's examination, the doctor should also provide you with information about your child's growth, development and general health, and will answer any questions you may have about your child.

UMR and your employer encourage regular preventive care visits with a network physician to help maintain your child's health.

You can take steps toward protecting your child from serious illness by maintaining the doctor recommended schedule of preventive care visits and immunizations.

Source: <http://archive.ahrq.gov/clinic/prevenix.htm>

Source: <http://www.allkids.com/customers/checkups.html>

Development, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive Care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage.



Childhood immunizations: Age 7 to 18 years

Recommended childhood immunization schedule

Tetanus, diphtheria, pertussis

Tdap vaccine is combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.

Human papillomavirus

All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. Either HPV vaccine (Cervarix® or Gardasil®) can be given to girls and young women; only one HPV vaccine (Gardasil®) can be given to boys and young men.

Meningococcal

Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.

Influenza

Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.

Pneumococcal

A single dose of Pneumococcal Conjugate Vaccine (PCV13) is recommended for children who are 6-18 years old with certain medical conditions that place them at high risk. Talk to your health care provider about pneumococcal vaccine and what factors may place your child at high risk for pneumococcal disease.

Hepatitis A

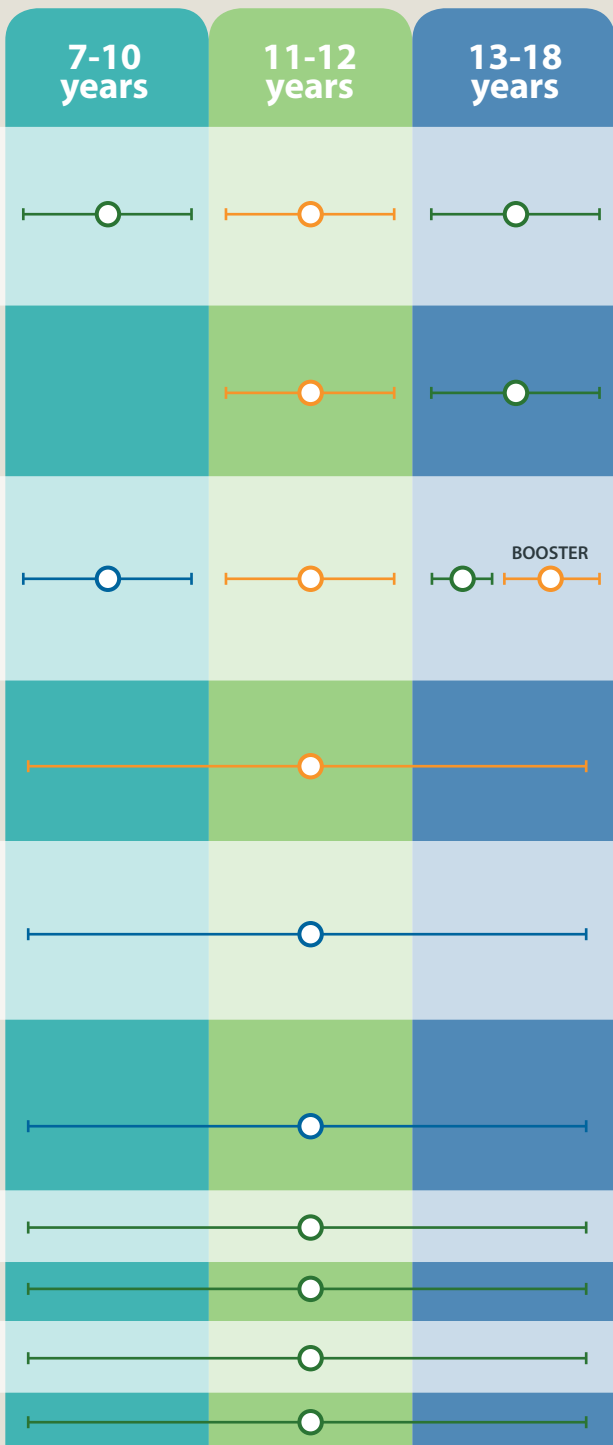
Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your health care provider about HepA vaccine and what factors may place your child at high risk for HepA.

Hepatitis B

Inactivated poliovirus

Measles, mumps, rubella

Varicella



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series. See vaccine-specific recommendations at www.cdc.gov/vaccines



Childhood immunizations: Newborn to age 6 years

Immunizations save millions of lives each year, and can help protect your child against many childhood diseases. The following immunization schedule will provide you with the guideline recommendations for children ages 0-6 years.

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B	○	—	—	—	—	—	—	—	—	—	—
Rotavirus			●	○	○						
Diphtheria, tetanus, pertussis			○	○	○			—			○
Haemophilus influenzae type B			●	○	○						
Pneumococcal			○	○	○	—					
Inactivated poliovirus			●	○							●
Influenza					○	○	○	○	○	○	○
Measles, mumps, rubella						—	—				●
Varicella						—	—				○
Hepatitis A						—	—	—			

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

** Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA. If your child has any medical conditions that put him/her at risk for infection or is traveling outside of the United States, talk to your child's doctor about additional vaccines that he/she may need.

Source: Centers for Disease Control and Prevention, Recommended immunization schedules for persons aged 0 through 6 years — United States, 2013, at: www.cdc.gov/vaccines
These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. Preventive Care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage.



A UnitedHealthcare Company

© 2017 United HealthCare Services, Inc. UM1014 1117

No part of this document may be reproduced without permission. The content provided is for informational purposes only, and does not constitute medical advice. Always consult your doctor before making any decisions about medical care. The services outlined here do not necessarily reflect the services, vaccine, screenings or tests that will be covered under your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your ID card. Certain procedures may not be fully covered under some benefit plans.