



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 counseling

<p>Tobacco/nicotine use</p> <p>Routine screening and counseling, by network primary care physician, to detect potential health risks associated with tobacco/nicotine use.</p>	○	○	○	○	○	○	○	○	○	○
<p>Nutrition, physical activity, sun exposure, depression and injury prevention</p> <p>Periodic screening and counseling, by network primary care physician, to assess health issues and promote healthy lifestyle behaviors.</p>	●	●	○	○	●	●	●	●	●	●
<p>Alcohol/illicit drug use</p> <p>Routine screening and counseling, by network primary care physician, to detect potential health risks associated with alcohol/illicit drug use.</p>	○	○	○	○	○	○	○	○	○	○

Preventive care guidelines for adult immunizations

Guideline recommendations for adults over age 18.

	18	25	30	35	40	45	50	55	60	65	70
<p>Human papillomavirus vaccine</p> <p>Three doses may be administered to both males and females age 9–26 years with physician discretion.</p>	○	○									
<p>Measles, mumps, rubella (MMR) vaccine</p> <p>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.</p>	●	●	○	○	●	●	●	●	●	●	●
<p>Hepatitis B vaccine</p> <p>Three doses for all persons at risk and pregnant women beginning at first prenatal visit. Discuss with your physician.</p>	○	○	○	○	○	○	○	○	○	○	○
<p>Influenza vaccine</p> <p>One dose annually as directed by your physician.</p>	●	●	●	●	●	●	●	●	●	●	●
<p>Pneumococcal vaccine (PPV)</p> <p>Between ages 18 to 65 and individuals at high risk for complications of infection. Discuss with your physician.</p>	○	○	○	○	○	○	○	○	○	○	○
<p>Tetanus-diphtheria (Td/DTap) vaccine</p> <p>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.</p>	●	●	○	○	●	●	●	●	●	●	●
<p>Varicella (VZV) vaccine</p> <p>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.</p>	○	○	○	○	○	○	○	○	○	○	○
<p>Hepatitis A vaccine</p> <p>Two doses for all persons at risk. Discuss with your physician.</p>	●	●	○	○	●	●	●	●	●	●	●
<p>Meningococcal vaccine</p> <p>One or more doses for individuals at high risk.¹ Discuss with your physician.</p>	○	○	○	○	○	○	○	○	○	○	○
<p>Shingles vaccine</p> <p>RZV (recombinant zoster vaccine) Two doses age 50 and older. This is the preferred vaccine.</p> <p>ZVL (Zoster vaccine live) One dose for those over age 60.</p>							●	●	●	●	●

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.	●	●	●	●	●	●	●	●	●	●	●
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.	●	●	●	●	●	●	●	●	●	●	●
Chemoprevention of breast cancer Recommended for women at high risk of breast cancer, but low risk for adverse effects.	○	○	○	○	○	○	○	○	○	○	○

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
- ▶ Application of Fluoride in a primary care setting

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

	7-10 years	11-12 years	13-18 years
<p>Tetanus, diphtheria, pertussis</p> <p>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.</p>			
<p>Human papillomavirus</p> <p>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.</p>			
<p>Meningococcal</p> <p>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.</p>			BOOSTER
<p>Influenza</p> <p>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.</p>			
<p>Pneumococcal</p> <p>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.</p>			
<p>Hepatitis A</p> <p>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.</p>			
<p>Hepatitis B</p>			
<p>Inactivated poliovirus</p>			
<p>Measles, mumps, rubella</p>			
<p>Varicella</p>			



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.



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