

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.

UnitedHealthcare is dedicated to **helping people live healthier lives**,[™] and we encourage our members to receive age- and gender-appropriate preventive health care services. Under health care reform, most of our members are eligible to receive certain preventive health care services, based upon age, gender and other factors, with no cost-sharing. UnitedHealthcare covers preventive services, as specified in the health care reform law at 100% 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.



Preventive Care Guideline Recommendations for Adult Screenings



A preventive health visit can help you establish the baseline for your current health, and help identify any health issues before they become more serious. You and your doctor can then work together to identify care options that may help maintain or improve your health. The following information provides guideline recommendations for preventive care screenings, to evaluate general health and development in adults over age 18.

Recommendations for Adult Screenings - Men and Women

| Well Examination | Colorectal Cancer Screening | | | | |
|--|---|--|--|--|--|
| Recommended age and gender appropriate exam, based on Affordable Care Act (ACA) ¹ guidelines. | Routine colorectal cancer screening recommended for ages 50 to 75. High risk persons may need diagnostic screenings at younger ages and more frequently than persons at standard risk. Speak with your physician regarding screening methods and appropriate screening intervals. | | | | |
| Obesity Screening | | | | | |
| Recommended weight assessment at each visit. | | | | | |
| Blood Pressure Screening | Screening for human immunodeficiency virus (HIV). | | | | |
| Recommended blood pressure assessment at each visit. | Lung Cancer Screening with low-dose CT Scan | | | | |
| Diabetes Screening | Recommended for ages 55 to 80 with at least a 30 pack-year smoking history, requires prior authorization. | | | | |
| Screening for type 2 diabetes in asymptomatic adults who have sustained | | | | | |
| blood pressure (either treated or untreated) greater than 135/80 mm Hg. | Hepatitis C Virus Infection | | | | |
| Cholesterol Screening (Lipid disorders - with no prior history) | Recommended for all persons at high risk for infection. | | | | |
| Screening recommended for all men and women age 20 and up and if at increased risk for coronary heart disease. | | | | | |

Recommendations for Adult Screenings – Men

Abdominal Aortic Aneurysm Screening

Recommended screening for abdominal aortic aneurysm in men $65\mathchar`-75$ years old who have ever smoked.

Recommendations for Adult Counseling – Men and Women

Every day, you make countless decisions that affect your health and well-being. Understanding and managing your lifestyle and everyday health behaviors is one way to help maintain or improve your overall health. The following guidelines provide the primary care counseling recommendations for adults over age 18.

| Tobacco/Nicotine Use | Healthy diet, Physical Activity, Depression and Injury and Fall Prevention Screening and counseling by network primary care physician to assess | | | | |
|--|---|--|--|--|--|
| Counseling and interventions by network primary care physician, to prevent Tobacco use and Tobacco related disease. May include certain smoking cessation | | | | | |
| medications as prescribed by physician and meeting approved guidelines. | health issues and promote healthy lifestyle behaviors. | | | | |
| Alcohol/Illicit Drug Use | Intimate Partner Violence Screening | | | | |
| Routine screening and counseling by network primary care physician, to detect potential health risks associated with alcohol/Illicit drug use. | Screening and counseling by network primary care physician to access health issues and promote healthy behaviors. | | | | |

The recommended age bands for each screening, immunization or counseling service are indicated for either both men and women, just men or just women as identified by the colors shown in the grid below.

| , | 5 | |
|---------------|-----|-------|
| Men and Women | Men | Women |
| | | |

¹ These guidelines are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), U.S. Department of Health and Human Services and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. They are provided for informational purposes only, and do not constitute medical advice. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Discuss with your doctor how these guidelines may be right for you, and always consult your doctor before making any decisions about medical care. These guidelines do not necessarily reflect the vaccines,screenings or tests that will be covered by your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

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 Guideline Recommendations for Adult Immunizations



Immunizations save millions of lives each year, and may help protect you against many illnesses and diseases. The following immunization schedule, provided by the Centers for Disease Control (CDC), will provide you with the guideline recommendations for adults over age 18.

Recommendations for Adult Immunizations – Men and Women

| Vaccine | 19-21 years | 22-26 years | 27-49 years | 50-59 years | 60-64 years | ≥ 65 years | |
|--|--|-----------------|---|-------------|-------------------|------------|--|
| Influenza | 1 dose annually | | | | | | |
| Tetanus, diphtheria, pertussis (Td/Tdap) | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs | | | | | | |
| Varicella | 2 doses | | | | | | |
| Human papillomavirus (HPV) Female | 3 doses | | | | | | |
| Human papillomavirus (HPV) Male | 3 doses | 3 doses | | | | | |
| Zoster | | | | | 1 d | ose | |
| Measles, mumps, rubella (MMR) | 1 or 2 doses | | | | | | |
| Pneumococcal 13-valent conjugate (PCV13) | 1 dose | | | | | | |
| Pneumococcal polysaccharide (PPSV23) | 1 or 2 doses 1 | | | | | | |
| Meningococcal | | | 1 or mo | re doses | | | |
| Hepatitis A | | | 2 d | oses | | | |
| Hepatitis B | | | 3 d | oses | | | |
| Haemophilus influenzae type b (Hib) | 1 or 3 doses | | | | | | |
| For all persons in this category who meet the age requirem and who lack documentation of vaccination or have no evid previous infection; zoster vaccine recommended regardless | dence of | is present (e.g | d if some other risk ,, on the basis of me ifestyle, or other ind | edical, | No recommendation | | |

United States • 2014

episode of zoster.

Additional information about the vaccines in this schedule, extent of available data, including a full list of footnotes and contraindications for vaccination is also available at **www.cdc.gov/vaccines** or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8 a.m. - 8 p.m. Eastern Time, Monday - Friday, excluding holidays. For a complete list of footnote references please visit: **www.cdc.gov/vaccines/recs/acip**.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

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Preventive Care Guideline Recommendations for Screenings in Adult Women



Recommendations for Adult Screenings – Women

UnitedHealthcare is 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.

Well Women Exams

Recommended for all women, with sufficient visits each year to obtain all required preventive care services.

Sexually Transmitted Infections Counseling

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 for ages 21 to 65 years.

Human papilloma virus (HPV) DNA Testing

Recommended for women age 30+ as directed by your physician.

Mammography screening for all adult women

Screening Mammography available for all adult women of standard risk every one to two years beginning at age 40 or as directed by your physician. Women at defined high risk should be screened earlier.

Folic Acid

Recommended for all women beginning at age 18 who are planning or capable of childbearing and who are 24 to 28 weeks pregnant. And at the first pre-natal visit for those who are at high risk of development of gestational diabetes.

Breast Cancer prevention counseling strategies

Recommended for women at high risk for breast cancer. Consult with your physician regarding breast cancer prevention alternatives with low risk of adverse effects.

Osteoporosis Screening for certain populations

Routine screening recommended for women age 65 and older. Screening for post-menopausal women at defined high risk, discuss with your physician.

Recommendations for Pregnant women

Gestational Diabetes Screening

Recommended screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.

Screening for Rubella, Iron Deficiency Anemia, Urinary Tract Infection

Recommended for pregnant women at first pre-natal visit.

Folic Acid - Recommended Dosage is 0.4 - 0.8mg daily

Recommended for all women beginning at age 18 who are planning or capable of childbearing and who are 24 to 28 weeks pregnant. Also recommended at the first pre-natal visit for those who are at high risk of development of gestational diabetes.

Hepatitis B, Blood Type and RH(D) Incompatibility Screening

Recommended for pregnant women at first pre-natal visit.

The recommended age bands for each screening, immunization or counseling service are indicated for either both men and women, just men or just women as identified by the colors shown in the grid below.

| | | |
|---------------|------|-------|
| Men and Women | Men | Women |

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Preventive Care Recommended Guidelines for Adult Counseling for Women



UnitedHealthcare is committed to advancing prevention and early detection of disease. The following guidelines reflect the expanded women's preventive care services provided under the Affordable Care Act (ACA). The following guidelines provide the counseling recommendations for women over age 18.

Recommendations for Adult Counseling – Women

Interpersonal and Domestic Violence Screening and Counseling

Recommended screening and counseling, by a network primary care physician, for all women.

FDA Approved Contraception Methods and Counseling

Recommended screening and counseling, by a network primary care physician, for all women. Approved female contraception and sterilization procedures with patient education and counseling.

The recommended age bands for each screening, immunization or counseling service are indicated for either both men and women, just men or just women as identified by the colors shown in the grid below.

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.

Breast Cancer Genetic Test Evaluation and Counseling (BRCA)

Recommended for women ages 18+ with a family history of breast or ovarian cancer, requires prior authorization. Talk with your doctor if your family has a history of breast or ovarian cancer. (Not all women with a family history of breast cancer require this genetic test.)

See www.preventiveservices.ahrq.gov for U.S. Preventive Services Task Force recommendations on clinical preventive services.

Preventive Care Guideline Recommendations 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 check ups 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

Recommended services for children at each preventive care visit will vary based on age, but will include some of the following when provided in a primary care setting:

- > Age-appropriate well child examination
- Measurement of your child's head size
- Measurement of length/height and weight
- Metabolic screening panel for newborns age 0-90 days old
- Screening blood tests, if appropriate
- Age-appropriate immunizations
- Vision screening for children less than age 5
- Oral health risk assessment
- Fluoride application for ages 0-6 years, under certain circumstances
- Hearing screening
- Autism screening at 18 months and 24 months. May be done earlier or more frequently for young children at defined risk
- Counseling on the harmful effects of smoking and illicit use of drugs (for older children and adolescents)
- Counseling for children and their parents on promoting a healthy diet and exercise
- Screening certain children at high risk for high cholesterol, sexually transmitted diseases, lead poisoning, tuberculosis and more
- Screening for depression
- Evaluate the need for iron supplements

Not all children require all of the services identified above. Following your child's preventive visit the doctor should also provide you with information about your child's growth, development and general health, and answer any questions you may have about your child.

Source: www.archive.ahrq.gov/clinic/prevenix.htm

Source: 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.

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Preventive Care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage.

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

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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 provided by the Centers for Disease Control and Prevention (CDC), will provide you with the guideline recommendations for children newborn to 6 years.

Recommended Childhood Immunization schedule for children newborn to 6 years United States • 2014

| Vaccine | Newborn | 1 Month | 2 Months | 4 Months | 6 Months | 9 Months | 12 Months | 15 Months | 18 Months | 19-23 Months | 2-3 Years | 4-6 Years |
|--------------------------------|---------|------------|-------------|-------------|---------------------------------|-------------|--------------|--------------|--------------|-----------------|--------------|--------------|
| Hepatitis B | | He | рB | | | | НерВ | | | | | |
| Rotavirus | | | RV | RV | RV | | | | | | | |
| Diphtheria, tetanus, pertussis | | | DTaP | DTaP | DTaP | | | DI | TaP | | | DTaP |
| Haemophilus influenzae type b | | | Hib | Hib | Hib | | н | ib | | | | |
| Pneumococcal | | | PCV | PCV | PCV | | P | CV | | | | |
| Inactivated poliovirus | | | IPV | IPV | | | IPV | | | | | IPV |
| Influenza | | | | | Influenza (yearly) ¹ | | | | | | | |
| Measles, mumps, rubella | | | | | | | м | ИR | | | | MMR |
| Varicella | | | | | | | Vari | cella | | | | Varicella |
| Hepatitis A | | | | | | | | He | рА² | • • | | |

Shaded boxes indicate that vaccine can be given in the shown age range.

www.cdc.gov/vaccines

Note: If your child misses a shot, talk with your child's doctor for his/her direction and to answer any questions about vaccines.

¹ 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. ² 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 vaccinesd 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, 2014, at: www.cdc.gov/vaccines/pubs/ACIP-list.htm 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.

Childhood Immunizations Age 7 to 18 Years



Recommended Childhood Immunization schedule for children age to 18 years United States • 2014

| Vaccine | 7–10 years | 11-12 years | 13- | -18 years | | | | |
|--|---|---|--------------------------|-------------------------|--|--|--|--|
| Tetanus, diphtheria, pertussis ¹ | Tdap1 | Tetanus, Diphtheria, Pertussis (Tdap) Vaccine | | | | | | |
| Human papillomavirus ² | | Human Papillomavirus (HPV) Vaccine (3 Doses)² | HPV | | | | | |
| Meningococcal ³ | MCV4 | Meningococcal Conjugate Vaccine (MCV4) Dose 1 ³ | MCV4 Dose 1 ³ | Booster at 16 years old | | | | |
| Influenza⁴ | Influenza (Yearly) ⁴ | | | | | | | |
| Pneumococcal⁵ | Pneumococcal Vaccine ⁵ | | | | | | | |
| Hepatitis A ⁶ | Hepatitis A (HepA) Vaccine Series ⁶ | | | | | | | |
| Hepatitis B | Hepatitis B (HepB) Vaccine Series | | | | | | | |
| Inactivated poliovirus | Inactivated Polio Vaccine (IPV) Series | | | | | | | |
| Measles, mumps, rubella | Measles, Mumps, Rubella (MMR) Vaccine Series | | | | | | | |
| Varicella | Varicella Vaccine Series | | | | | | | |
| 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 ⁶ . See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm. | | | | | | | |

www.cdc.gov/vaccines/teens

Note: If your child misses a shot, talk with your child's doctor for his/her direction and to answer any questions about vaccines.

¹ 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.

² 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.

³ 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.

- ⁴ 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.
- ⁵ Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23) are recommended for some children 6 through 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccines and what factors may place your child at high risk for pneumococcal disease.

⁶ 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 healthcare provider about HepA vaccine and what factors may place your child at high risk for 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

SUURCE: Centers for Disease Control and Prevention, Recommended immunization schedules for persons aged 7 through 18 years – United States, 2014 at: www.cdc.gov/vaccines/pubs/ACIP-list. htm

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