

Preventive Care Benefit Guidelines

The goal of preventive care is to detect potential health concerns early and reduce the risk of developing a more serious medical condition. Getting regular preventive care, such as an annual exam or routine screenings, will help reduce your risk for disease. It will also help lower your costs by avoiding expensive treatments down the road. And, early detection of a health condition just might save your life!

This document contains recommended preventive care services for each member of your family, based on age and gender. UH encourages employees to obtain recommended preventive services, and even provides 100% coverage for these services when obtained in-network. Following preventive care guidelines, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations.

How to make the most of your preventive care visit

Preparing for the doctor visit

- When you call to schedule an appointment, be sure to clearly specify the visit is for routine preventive care.
- Plan ahead. Write down any concerns or questions before your visit so you won't forget to ask your doctor.
- Consider taking someone with you. That person can take notes and help you remember your doctor's recommendations.
- Be sure to take your medical insurance card with you to your appointment.

At the doctor's office

- If you are covered by a UH medical plan and seek treatment from a Tier 1 provider, you should not pay anything at the time of service.
- Remind the physician and the office staff that your appointment is for a routine preventive care service. This will help to ensure your claim is billed with the proper preventive care codes in order for your benefit coverage to apply correctly.
- Listen carefully. Be sure you understand the information provided and what is expected of you. Take notes or ask for written instructions when needed.
- Ask questions. Tell your doctor about any concerns or questions you have during your visit. The more information you share, the better equipped your physician will be to help you manage your health.

See pages 2-7 for recommended
preventive care services

Preventive Care Guidelines Birth to 24 months

Clinical screenings											
		Months									
	Birth	1	2	4	6	9	12	15	18	19-23	24
Well-child visit											
Developmental screening											
Autism Screening											
Hemoglobin & hematocrit	<i>Once during infancy</i>										
Lead poisoning screening					<i>Add blood test for high risk</i>						
Newborn hearing screening											
Tuberculin skin test (PPD)	<i>Recommended for those at high risk</i>										
Prevention of oral cavities											
Immunizations											
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP				DTaP		
Inactivated poliovirus			IPV	IPV	IPV						
Measles, mumps & rubella							MMR				
Haemophilus influenza type b			Hib	Hib	Hib		Hib				
Hepatitis B (HepB)	Hep B	2 additional doses of HepB									
Varicella (Var)							Var				
Influenza					2 doses (4 weeks apart), then yearly						
Pneumococcal			PCV	PCV	PCV		PCV				
Rotavirus			Rota	Rota	Rota						
Hepatitis A							2 doses (at least 6 months apart)				

Preventive Care Guidelines 2 to 6 years

Clinical screenings					
	Age 2	Age 3	Age 4	Age 5	Age 6
Physical Exam including blood pressure	Once annually	Once annually	Once annually		Once annually
Developmental Screening	At 30 months				
BMI Percentile including counseling for nutrition and physical activity	Once annually	Once annually	Once annually		Once annually
Vision Screening	Once between ages 2 and 4				
Hearing Screening	Once between ages 2 and 6				
Lead Poisoning Screening	Risk assessment for lead exposure. Blood test for those identified as high risk				
Tuberculin skin test	For those identified as high risk				
Dyslipidemia screening	Assessment at 2, 4 and 6 years. Risk assessment based on family history and physical exam				
Prevention of dental cavities	Twice annually	Twice annually	Twice annually	Twice annually	Twice annually
Immunizations					
Diphtheria, Tetanus, Pertussis			Once between 4 and 6		
Inactivated poliovirus (IPV)			Once between 4 and 6		
Measles, Mumps, Rubella			Once between 4 and 6		
Varicella			Once between 4 and 6		
Influenza	Once Annually	Once Annually	Once Annually	Once Annually	Once Annually
Pneumococcal	Once between 2 and 6 for healthy children				
Hepatitis A	At physician discretion: two doses at least 6 months apart if not vaccinated previously and at high risk.				
Meningococcal	One dose for ages 2 to 10 if high risk				

Preventive Care Guidelines 7 to 18 years

Clinical screenings					
	Age 7 - 10	Age 11 - 12	Age 13 - 14	Age 15	Age 16 - 18
Physical Exam including blood pressure & BMI	Once Annually	Once Annually	Once Annually	Once Annually	Once Annually
Dyslipidemia screening	Age 8, Age 10	Once Annually	Once Annually	Once Annually	Once Annually
Hearing Screening	Every 2 years	Every 2 years	Every 3 years	Every 3 years	Every 3 years
Vision Screening	Once between 7 - 12				
Hemoglobin and hematocrit		Once between 11 and 21			
Urinalysis		Once between 11 and 21			
Tuberculin skin test	For those identified as high risk				
Tobacco use					
Depression Screening					
Alcohol/drug misuse					
Prevention of dental cavities	Twice annually	Twice annually	Twice annually	Twice annually	Twice annually
Chlamydia and Gonorrhea screening (STIs)			Sexually Active Women		
HIV screening			Annually for adolescents and adults at high risk		
Cervical cancer screening			Women – Pap test within 3 years of beginning sexual activity		
Immunizations					
Tetanus, diphtheria Pertussis		Tdap	Every 10 years		
Influenza	Once Annually	Once Annually	Once Annually	Once Annually	Once Annually
Measles, Mumps, Rubella	2 doses if not previously vaccinated				
Hepatitis B	3 dose series if not vaccinated in infancy				
Varicella	2 does series at least 4 weeks apart if no previous vaccination				
Pneumococcal	For high risk groups				
Hepatitis A	At physician discretion: 2 doses up to six months apart if not previously vaccinated and at high risk				
Meningococcal		MCV4			
Human Papillomavirus			3 dose series for ages 13-18 on a zero, two and six month schedule		

Preventive Care Guidelines 19 to 39 years

Clinical screenings					
	Age 19 - 21	Age 22 - 39			
Physical Exam including blood pressure & BMI	Once Annually				
Dyslipidemia screening	Annually through age 21	Fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) once every 5 years			
Hemoglobin and hematocrit	Once every 2 years				
Tuberculin skin test	For those identified as high risk				
Tobacco use	During each visit				
Depression Screening	Once Annually				
Alcohol/drug misuse	During each visit				
Prevention of dental cavities	Twice annually	Twice annually	Twice annually	Twice annually	Twice annually
Chlamydia and Gonorrhea screening (STIs)	Sexually Active Women - Once Annually				
HIV screening	Annually for adolescents and adults at high risk				
Cervical cancer screening	Women - Pap test within 3 years of beginning sexual activity or age 21, whichever is first. Annual screening to age 30. Over age 30, every two to three years				
Immunizations					
Influenza	Once Annually	Once Annually	Once Annually	Once Annually	Once Annually
Human Papillomavirus			3 dose series for ages 19-26 on a zero, two and six month schedule if no previous vaccination		

Preventive Care Guidelines 40 to 64 years

Clinical screenings					
	Age 40-44		Age 45 - 49		Age 50 - 64
Physical Exam including blood pressure & BMI	Once Annually				
Dyslipidemia screening	Fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) once every 5 years				
Diabetes screening		Fasting plasma glucose test every 3 years			
Hemoglobin and hematocrit	Once every 2 years				
Tuberculin skin test	For those identified as high risk				
Tobacco use	During each visit				
Depression Screening	Once Annually				
Alcohol/drug misuse	During each visit				
Mammogram	Women – every 1 to 2 years			Women - annually	
Chlamydia and Gonorrhea screening (STIs)	Sexually Active Women – Once Annually				
HIV screening	Annually for adolescents and adults at high risk				
Cervical cancer screening	Women – Pap test every two to three years				
Colorectal cancer screening	<i>Those with family history (first degree relative) of colorectal cancer or adenomatous polyps: begin screening at age 40 or ten years before the youngest case in immediate family. Colonoscopy every 5 years.</i>			Fecal occult blood test annually Flexible sigmoidoscopy every 5 yr Colonoscopy every 10 yrs	
Immunizations					
Influenza	Once Annually	Once Annually	Once Annually	Once Annually	Once Annually
Zoster (Shingles)				One dose at age 60 and older	

Preventive Care Guidelines 65 years and older

Clinical screenings	
	Age 65 - 70
Physical Exam including blood pressure & BMI	Once Annually
Diabetes screening	Fasting plasma glucose test every 3 years
Hemoglobin and hematocrit	Once every 2 years
Tuberculin skin test	For those identified as high risk
Tobacco use	During each visit
Depression Screening	Once Annually
Alcohol/drug misuse	During each visit
Mammogram	Women - annually
Chlamydia and Gonorrhea screening (STIs)	Sexually Active Women - Once Annually
HIV screening	Annually for adolescents and adults at high risk
Cervical cancer screening	Women - Pap test every two to three years, Consider stopping at age 70 if three or more normal Pap tests in a row, no abnormal Pap test in previous ten years and not at high risk
Colorectal cancer screening	Fecal occult blood test annually Flexible sigmoidoscopy every 5 yr Colonoscopy every 10 yrs Consider stopping screening at age 75. Use consideration between 75 - 85. Screening is not recommended for individuals older than 85
Osteoporosis risk factor assessment	Women - routine beginning at age 65 (does not include bone density test)
Abdominal aortic aneurysm screening	A one-time screening for men between ages 65 and 75 who have ever smoked

Important Tips to Keep in Mind

- Preventive care refers to tests and procedures that are used to establish your health status, identify your potential risks, or prevent a health problem. Care for existing medical conditions is considered treatment of a diagnosed condition, rather than a preventive care service.
- In certain circumstances, if you are diagnosed with a condition during a preventive care visit that requires immediate non-preventive care services, then your doctor has the authority to code your visit as diagnostic. In this case, your visit will *not* be considered as preventive care.
- If you believe you have received a bill in error, call your provider's office to discuss your bill, and explain that your preventive services are covered 100% by your UH medical plan. You may request that your claim be re-submitted as preventive care so that it can be re-processed. Remember, if treatment was required during your preventive care visit, it may be necessary for your physician to bill the service as treatment of a diagnosis, in which case you may be charged for the service in accordance with your plan benefits.
- If you need further assistance regarding your claim, you can reach Anthem Member Services at 1-800-574-0684. For additional concerns regarding your benefits, contact HR Services at 1-877-471-7522.

Developing a Good Relationship with your Doctor

It's important to build and maintain a relationship with your primary care doctor, since he or she is your main health care resource, and can help you connect with the right resources for your individual needs. Here are some tips:

Be an informed health care consumer
Before your next doctor's appointment, try to research your health concerns and make a list of questions you want to ask your doctor.

Be honest with your doctor
If your doctor makes a recommendation you don't think you can follow, be honest and talk about your concerns. Ask your doctor if there are other options.

Discuss your family history
It's very important to discuss your family history with your doctor, because preventive care is administered at your doctor's discretion. He or she may recommend certain screenings at an

earlier age than the guidelines state if you have a family history of certain health conditions. In these instances, your preventive care will be covered as long as your doctor codes your claim as preventive.

Ask questions
If you don't understand something, ask your doctor to explain it to you again in another way, and repeat the instructions back to your doctor so you're sure you understand what to do when you get home. Don't be afraid to ask for additional resources or recommendations for where you can learn more, and don't withhold

information – your doctor is there to help. The more you share your concerns, the more he or she can help you with your health care needs.

Having a good relationship helps your doctor be an advocate for your health, and stay involved in your care for years to come.



Be the Difference.