



Understanding Preventive Care

Remember the old saying that “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 regular preventive care, along with following the advice of your doctor, can help you stay healthy. Routine checkups and screenings can 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 and wellness goals.

What is Preventive Care?

Preventive care focuses on evaluating your current health status when you are symptom free. Preventive care allows you to obtain early diagnosis and treatment, to help avoid more serious health problems. Your preventive care services may include physical examinations, immunizations, laboratory tests and other types of screening tests. During your preventive visit your doctor will determine what tests or health screenings are right for you based on many factors such as your age, gender, overall health status, personal health history and your current health condition.

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

Physician office services:

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

(This is only a partial list of potential services.)

Lab, X-ray or health screening tests:

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



Examples of: Diagnostic Services

1. A patient had a polyp found and removed during a prior preventive screening colonoscopy. Based on your doctor's recommendations for more frequent screening after finding and removing the polyp, all future colonoscopies are considered diagnostic.
2. 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.

What health services are NOT considered preventive care?

Medical treatment for specific health issues or conditions, on-going care, laboratory tests or other health screenings necessary to manage or treat an already-identified medical issue or health condition are considered diagnostic care, not preventive care.

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

Certain services can be done for either preventive or diagnostic reasons. When a service is performed specifically for preventive screening, and there are no known symptoms, illnesses, or history, the service will be considered Preventive Care, subject to age, gender and other factors when received by a network physician and subject to the person's benefit plan.

Services are considered **Preventive Care** when a person:

- ▶ Does not have symptoms or any abnormal studies indicating an abnormality.
- ▶ Has had a screening done within the recommended age and gender 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 appropriate age and gender 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 Care**¹ when:

- ▶ Services are ordered due to current issues or symptoms(s) that require further diagnosis.
- ▶ Abnormal test results on a previous preventive or diagnostic screening 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 normal age and gender guideline recommendations would require.

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.

Frequently asked questions

Is there a list of specific preventive health services?

The Patient Protection and Affordable Care Act (PPACA) requires most plans to cover network preventive care services 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 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 pediatric 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.uhpreventivecare.com.

How are preventive care services covered?

Certain preventive services are covered without charging a deductible, copayment or coinsurance when these services are provided by a network provider, based on your age, gender, health status and benefit plan. The types of preventive services covered can vary based on your age, gender and health status. 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 at preventive, that may no longer be covered as preventive under the new guidelines. The preventive services included in this provision are included in your benefit plan.

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

UnitedHealthcare 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?

UnitedHealthcare will apply limits consistent with the recommendations and guidelines of the USPSTF or other organizations. These limits are set based on age, health status, gender guidelines, and medical evidence.

Does UnitedHealthcare consider medication a preventive care service?

UnitedHealthcare will provide coverage for the physician evaluation, medication management and counseling services as described in your benefit plan, but over-the-counter drugs and prescribed medications are generally not covered as preventive care. However, beginning in plan years that renew on or after August 1, 2012, most plans that have prescription drug coverage will cover certain women’s contraceptives under the preventive care benefit. Generally, over-the-counter medications are excluded from coverage. Prescription medications may be covered through your Prescription Drug List (PDL), administered as a pharmacy benefit as part of your plan coverage, and may be subject to deductibles and copayments. Please consult your Pharmacy Plan documents (if applicable) for specific information on your available coverage for prescribed medication.

What if my doctor writes a prescription during a preventive care visit?

The fact that a physician writes a prescription does not affect whether the visit, or services during the visit, are preventive. However the actual prescriptions and medications, regardless of the purpose of the medication, are generally not covered as a preventive care service.

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 for network providers, under current health guidelines based on your benefit plan.



Medications not covered under preventive care services as part of your medical plan coverage, include:

- Aspirin to prevent cardiovascular disease in men and women
- Folic acid supplementation for women who may become pregnant
- Iron supplementation for children at risk for anemia
- Nicotine replacement products

Most of these medications are available at your pharmacy without a prescription.

Please consult your Pharmacy Plan documents (if applicable) for specific information on your available coverage for prescribed medication.

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 scenarios 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 is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

Situation 3

A woman who takes medicine for high cholesterol has an annual wellness exam and receives a blood test to measure her cholesterol level.

Answer: Although the woman is taking cholesterol medicine, the office visit and the blood test are considered preventive care because they are part of her overall wellness exam.

Situation 4

A woman makes quarterly visits to the doctor for blood tests to check her cholesterol level and to confirm the medication dosage level is appropriate.

Answer: The quarterly blood tests are considered non-preventive because they are treatment for an existing condition.

Situation 5

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

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 like anemia screening in a non-pregnant woman, kidney or liver function and urinalysis, would not be covered as preventive care. The woman would be responsible for any deductible, coinsurance, or copayment that may be applicable based on her benefit plan provisions.

Talk to your doctor

Consult your doctor for your specific preventive health recommendations, as he or she is your most important source of information about your health. The services identified in this flyer do not necessarily reflect the services, 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 the back of your health plan ID card.

For more information about preventive care services that might be right for you visit www.uhpreventivecare.com.



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