



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:

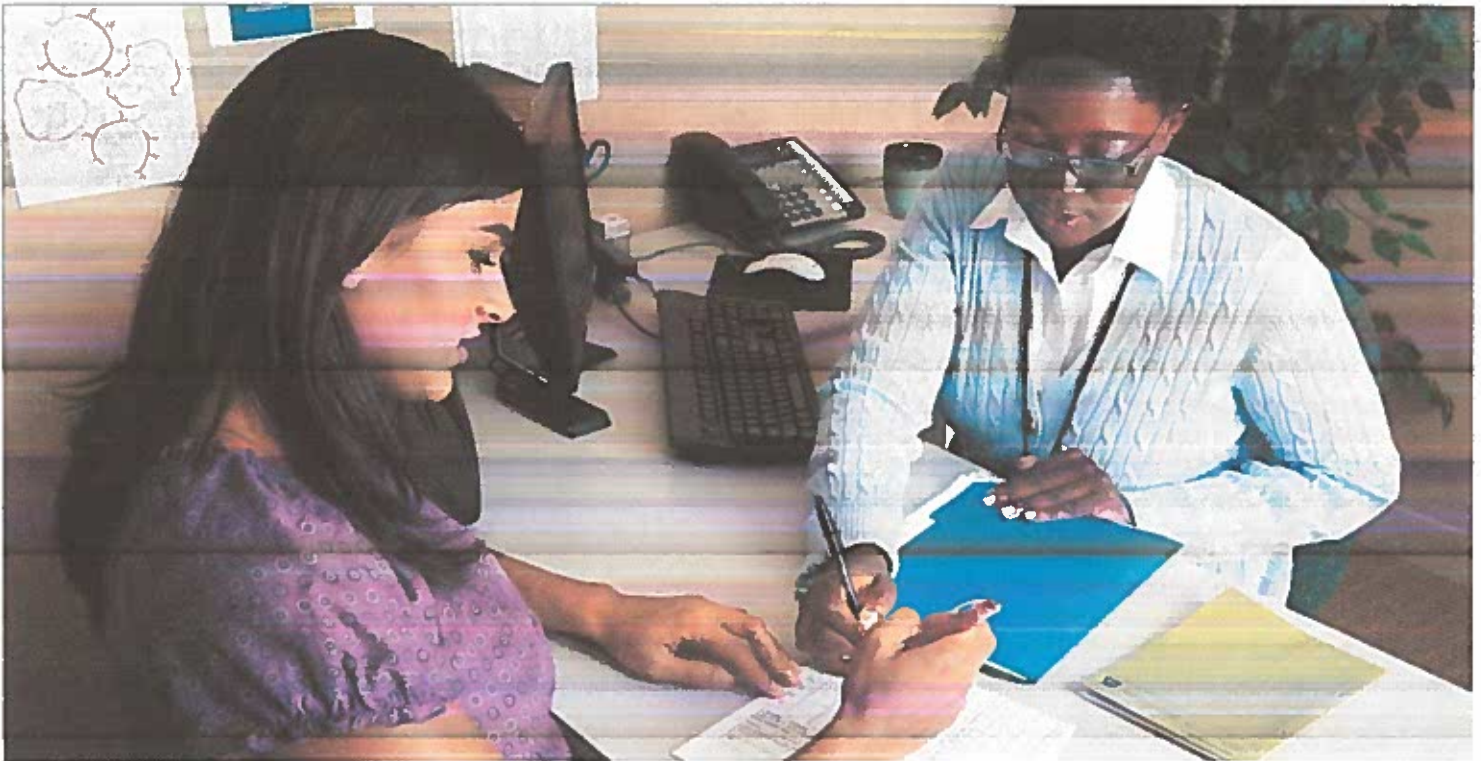
Physician office services:

- 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

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



Examples of Diagnostic Services:

1. 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.
2. 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.

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 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 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 enrollee'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 care**¹ when:

- ▶ Services are ordered due to current issues or symptoms(s) 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.

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

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?

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 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 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. 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 in a non-pregnant woman and 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.

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 on preventive care, visit our online website at www.uhcpreventivecare.com to identify your age- and gender-specific preventive care guidelines, based on recommendations of the U.S. Preventive Services Task Force and other health organizations. You can also email, download or print your results and sign up for preventive care email reminders. Use these recommendations to talk with your doctor about the preventive health screenings that may be right for you.



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.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Putnam Employees,

Our EBA line has recently received calls relating to Preventive Care, as we realize many of you may have similar questions we wanted to put together a communication piece on Preventive Care for you.

First, as a reminder below is an illustration your benefits currently work with Putnam:

	AHKO - POS	AHJC - CDHP
Preventive Care	In Network	In Network
Doctor's Visit (PCP)	100% Covered	100% Covered
Outpatient Labs*	100% Covered	100% Covered
Diagnostic Care		
PCP Doctor's Visit	\$30 Copay	90% After Deductible
Specialist Office Visit	\$60 Copay	90% After Deductible
Outpatient Labs*	100% Covered	90% After Deductible

*In this illustration we are referring to labs such as bloodwork, test such as MRIs are covered differently

United Healthcare has a wonderful website that allows for you to determine what preventive care you are eligible for based upon your age and gender, the website is: <http://uhcpreventivecare.com>

We have also attached a brochure that explains the what preventive care is and the difference between preventive care and diagnostic services. There are many examples of real situations in the document, a couple of these are:

- 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 diagnostic because they are treatment for an existing condition.
- A woman has an annual wellness exam and receives blood tests to screen for anemia, kidney or liver function. If the physician orders lab work during a preventive care visit some of the tests may be covered as preventative care, such as a cholesterol screening. However, other blood chemistry panels such as anemia screening in a non-pregnant woman and kidney or liver function would not be covered as preventive care. These would be considered diagnostic tests and the woman would be responsible for the paying her portion of the costs.

As a reminder UHC follows the guidelines of preventive care that are set up by PPACA, thus they are not determined by UHC. You can find more information about this on the bottom of page 3 of the attached document.

If you would like any further assistance on any of your benefit specific questions, please remember that our EBA line is always here to help you! The phone number is (844) 554-4126.