





Why preventive care is important

Preventing disease and detecting disease early, if it occurs, are important to living a healthy life. And the better your health, the lower your health care costs are likely to be. Following these 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.

For more information on preventive care, visit our online web site 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. Use the charts inside this brochure, along with the recommendations provided on our website to talk with your doctor about the preventive health screenings that are right for you.

Guidelines for maintaining your health

Screening: Childre	n ages 0-18 years	
Age	Screening test	Frequency
Newborn	Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism)	Once
	Hearing screening	Once
Birth-2 months	Head circumference	At each preventive visit
Birth-18 years	Height (length) and weight	At each preventive visit
3-4 years	Eye screening	Once
6-8 years	Obesity	At each preventive visit
12-18 years	Depression	At each preventive visit

Counseling: Children ages 0-18 years

As your child grows, talk to their doctor about:

- Development
- Dental and oral health
- Child abuse
- · Nutrition and eating disorders
- Safety
- · Alcohol and drug abuse
- · Physical activity
- Tobacco use



Recommended immunization schedule for persons aged 0 through 6 years - United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine	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 ¹	HepB	He	ерВ			He	рВ					
Rotavirus			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP	See footnote 3				DTaP		
Haemophilus influenza type b			Hib	Hib	Hib	Hib						
Pneumococcal			PCV	PCV	PCV	PCV				PPSV		
Inactivated Poliovirus			IPV	IPV		IPV				IPV		
Influenza					Influenza (yearly)							
Measles, Mumps, Rubella						MMR				MMR		
Varicella						Varicella					Varicella	
Hepatitis A					HepA (2 doses)					HepA Series		
Meningococcal									MCV4			

Source: Centers for Disease Control and Prevention Recommended immunization schedules for persons aged 0 through 18 years - United States, 2010; 58(51&52)

- 1. Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.
- 2. If Rotarix® is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- 3. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

Recommended immunization schedule for persons aged 7 through 18 years - United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine	7-10 years	13-18 years								
Tetanus, Diphtheria, Pertussis		Tdap								
Human Papillomavirus (covered for females; not for males)		HPV (3 doses)								
Meningococcal	MCV	MCV	MCV							
Influenza	Influenza (yearly)									
Pneumococcal	PPSV									
Hepatitis A	HepA Series									
Hepatitis B	HepB Series									
Inactivated Poliovirus	IPV Series									
Measles, Mumps, Rubella	MMR Series									
Varicella	Varicella Series									

Preventive Care Guidelines: Adults over age18

Range of recommended ages

				3								
Years of Age	18	25	30	35	40	45	50	55	60	65	70	
Screenings												
Height and weight	At each	preventive	visit to a	ssess norr	nal develo	pment and	general h	nealth.				
Obesity	At each preventive visit to assess risks of obesity.											
Vision screening	Frequen	cy recomr	mended by	/ physician	based on	risk factor	s to asse	ss vision.				
Dental screening	Periodically to assess dental condition and detect medically related dental problems.											
Blood pressure	Regular screening for adults at standard risk.											
Cardiovascular disease	Regular Screening beginning at age 45 for men and 55 for women. UPSSTF recommends the use of aspirin for men age 45 to 79 years. For those at high risk for heart disease, discuss aspirin and low risk alternatives with your physician.											
Abdominal Aortic Aneurysm screening						Screening for abdomina aortic aneurysm in men 65-75 years old. For those at high risk for head disease, discuss aspirin and low risk alternatives with your physician.						
Cholesterol (Lipid) test	Every 5 years, beginning at age 35 for men and 45 for women. For those at high risk for heart disease, consult with your physician.											
Diabetes screening				of adults eated or u				matic adul mm Hg.	ts with sus	stained blo	od	
Prostate screening	Men 40 and older consult with your physician regarding screening benefits/risks.											
Colorectal screening						Routine Colorectal screening beginning at 50 years, high risk person should be screened at younger ages. Interval determined by method. Speak with your physician.						
Mammography					every on physicia Discuss physicia	ing Mammography for all adult women of standard risk one to two years beginning at age 40 or as directed by your an. Women at defined high risk should be screened earlier. s with your physician. For those at high risk, consult with you an regarding breast cancer prevention alternatives with low adverse effects.						
Osteoporosis screening										Routine screenin women a 65 and 6 Screenin post-me women a defined Discuss your phy	age older. ng for nopausa at high risk with	
Cervical cancer screening (Pap Smear)***				at age 21 c commende				active, afte actors.	er 3 norma			
Sexually Transmitted Diseases (gonorrhea, HIV and syphilis)								screening at women.	for Chlam	ydia for		
Screening for rubella, iron deficiency, urinary tract infection, Hepatitis B, blood type and RH(D) incompatibility screening	females under 25. Syphilis screening recommended for ALL pregnant women. For pregnant Women at first pre-natal visit without prior screening, proof of immunization or immunity or at increased risk.											

Years of Age	18	25	30	35	40	45	50	55	60	65	70	
Screenings												
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.											
Tobacco/nicotine use		Routine Screening and counseling. Detection of potential health risks associated with tobacco/Nicotine use Opportunity for tobacco cessation counseling.										
Alcohol/illicit drug abuse	Routine abuse.	Routine screening and counseling. Detection of potential health risks associated with Alcohol/Illicit drug abuse.										
Counseling	18	25	30	35	40	45	50	55	60	65	70	
Promote and support breast feeding and post-partum counseling	Women	Women after childbirth.										
Nutrition, physical activity, sun exposure, depression and injury prevention	Periodic	Periodic screening and counseling.										
Immunizations	18	25	30	35	40	45	50	55	60	65	70	
Human Papilloma virus vaccine	to femal	3 does may be administered to females age 9–26 with physician discretion.										
Tetanus-Diphtheria (Td/Tdap) vaccine		Every 10 years for adults who have completed the primary series and if the last vaccine was received 10 or more years ago, substitute for a single booster of Td.										
Measles, Mumps, Rubella (MMR) vaccine	generally would n	Once for all with lack of immunity. Adults born before 1957 are generally considered to be immune to measles and mumps so would not require vaccination. Those born after 1957 may need a 2nd dose. Consult with your health care provider.										
Varicella (VZV) vaccine		es for thos the vaccir					ceptibles:	People 13	and olde	who have	not	
Hepatitis B vaccine	Three do	oses for all	persons a	t risk and	pregnant v	women at	first prena	tal visit. Di	scuss with	your phys	sician.	
Hepatitis A vaccine	For all p	ersons at r	isk. Discu	ss with you	ır physicia	n.						
Influenza vaccine	-	. Speak wi immunizati								2010-20	11 flu	
Meningococcal vaccine	One or r	nore dose	s for Indivi	duals at hi	gh risk.** [Discuss wi	th your ph	ysician.				
Pneumococcal Polysaccharide vaccine (PPV)										One or to doses fo individua high risk complication of infection Discuss your phy	r Is at for tions on.*** with	
Zoster									One dos 60-75.	e betweer	ages	

Upper age limits should be individualized for each patient

- * See www.preventiveservices.ahrq.gov for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.
- ** High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.
- *** For persons aged 65 and older, one time revaccination is recommended if they were vaccinated more than 5 years previously and were younger than age 65 years at the time of primary vaccination.
- *** ACOG, "Cervical Cytology Screening" Obstetrics & Gynecology; Practice Bulletin #109; 12/09



These guidelines are generally based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and of 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. 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 the back of your ID card. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.