Understanding preventive care
Preventive services overview

Certain preventive services are covered without charging a deductible, copayment or coinsurance when these services are provided by a network provider.

- Services may vary based on age, gender and health status.
- There may be services you had in the past that will now be covered as preventive, at no additional cost to you.
- And, there may be services you received in the past that were considered preventive, that may no longer be covered as preventive under the new guidelines.

It’s important to review your plan documents for the preventive services included in your specific benefit plan.
Preventive services overview

The Patient Protection and Affordable Care Act (PPACA) requires plans to cover 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 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.

For a complete list of your age/gender preventive care guidelines visit:

www.uhcpreventivecare.com
Preventive services

Certain services can be done for preventive or diagnostic reasons.

Services performed specifically for preventive screening, with no known symptoms, illnesses, or history, are covered as Preventive Care, subject to age and gender guidelines, and health status.

Preventive services are covered when done on a person who:

- has not had the preventive screening done before and does not have symptoms
- has had a screening done within the recommended age/gender guidelines with the findings considered normal
- has had previous diagnostic services with the results being normal
- has a preventive service done that results in a diagnostic service done at the same time, and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), the diagnostic service would still be considered preventive service

Examples:
Preventive services

A woman had an abnormal finding on a preventive screening mammography and the follow up study was found to be normal, and the woman was returned to normal mammography screening protocol, then future mammography would be considered preventive.

If a polyp is encountered during a preventive screening colonoscopy, the colonoscopy, removal of the polyp, and associated facility, lab and anesthesia fees done at the same time as the preventive colonoscopy, are covered under the Preventive Care Services benefit.
Summary of preventive services

Examples of covered preventive services include many types of exams subject to age and gender guidelines, which typically include:

Physician office services:
• Routine physical examinations
• Well baby and well child care
• Immunizations

Lab, X-ray or health screening tests:
• Screening mammography
• Screening colonoscopy or sigmoidoscopy
• Cervical cancer screening
• Prostate cancer screening
• Osteoporosis screening
Diagnostic services

Diagnostic services are not covered under the preventive care benefit, but may be covered under another portion of your medical benefit plan.

Services are considered diagnostic care when a person:

- Had abnormalities found on previous preventive or diagnostic services that require further diagnostic services; or
- Had abnormalities found on previous preventive or diagnostic services that would recommend a repeat of the same service within a shortened time period from the recommended preventive screening time period based on age and gender
- Had a symptom(s) that required further diagnosis

Examples:

A. A patient had a polyp found and removed at a prior preventive screening colonoscopy. All future colonoscopies are considered diagnostic because the time period between future colonoscopies would be shortened.

B. A patient had an elevated cholesterol on prior preventive screening. Once the diagnosis has been made, further testing is considered diagnostic rather than preventive. This is true whether or not the patient is receiving treatment.

C. If a Preventive service results in a diagnostic service being performed at a later point in time, the Preventive Service would be covered under the Preventive Care Services benefit, and the diagnostic service and may be covered under the applicable non-preventive medical benefit.
Coverage limitations and exclusions

- The cost of drugs, medications, vitamins or supplements that are recommended or prescribed for preventive measures are **not** covered as a preventive care benefit

- Our standard Prescription Drug Rider excludes coverage for over-the-counter (OTC) drugs that do not require a prescription

Examples of exclusions

- Aspirin to prevent cardiovascular disease in men and women

- Folic acid supplements for women who may become pregnant

- Iron supplements for children at risk for anemia

- Tobacco use
  - Counseling in non-pregnant adults
  - Most nicotine replacement products are OTC
How does it work?
Scenario: female physical & mammogram

Member routine gynecological exam

Doctor services rendered Based on age/gender/risk factors

- Preventive Standard
- Government USPSTF A & B coverage:
  - Cervical Cancer Screening, Pap Smear
    USPSTF Rating: A
  - Mammography Screening
    USPSTF Rating: B
- USPSTF standard:
  - Mammography screening every two years for women aged 50 to 74 years
- UnitedHealthcare Standard
  - Mammography screening for all adult women with no age limit

Paid as preventive

Not paid as preventive

Pap Smear and Pathology

Mammography Screening and Interpretation

UnitedHealthcare covers preventive services at 100%
Scenario: colonoscopy consultation

Member annual physical

Doctor services rendered Based on age/gender/risk factors

Preventive Standards

- Government USPSTF A & B coverage
  - Colorectal Cancer Screening – Fecal Occult Blood Testing, Sigmoidoscopy or Colonoscopy
  - USPSTF Rating: A

- USPSTF Standard:
  - All adults, every ten years beginning at age 50 until age 75

UnitedHealthcare Standard:

- Preventive services are payable for with no age limit

UnitedHealthcare covers preventive services at 100% based on covered benefit plan

Paid as preventive
Not paid as preventive

Colonoscopy consultation

Colonoscopy
Anesthesiology
Pathology
Outpatient facility fee

UnitedHealthcare covers preventive services at 100% based on covered benefit plan

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Scenario: aspirin therapy

Member
annual physical

Doctor services rendered
Based on age/gender/risk factors

Government USPSTF A & B coverage
- Aspirin therapy is not on the USPSTF list

UnitedHealthcare Standard:
- Aspirin therapy is not a covered benefit

Paid as preventive
Not paid as preventive

UnitedHealthcare claims preventive services at 100% based on covered benefit plan
Communication Resources
Communication resources: commonly asked questions

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.

Attending 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 diagnostic and treatment, to help avoid more serious health problems. Even if you’re in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. Through a preventive exam and routine health screenings, your doctor can determine your current health status and detect early warning signs of more serious problems.

Your preventive care services may include immunizations, physical exams, lab work and x-rays. 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.

What is NOT Preventive Care?

Examples of covered preventive services include many types of exams subject to age and gender guidelines, which typically include:

- Physician office services: routine physical examinations, well baby and well child care, immunizations
- Lab, x-ray or health screening tests: skin testing, mammography, screening colonoscopy or sigmoidoscopy, cervical cancer screening, prostate cancer screening, osteoporosis screening

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 scenario whether the care received would be considered preventive or non-preventive.

Situation 1

A woman visits her network doctor for her annual 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 and has a mole checked during 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 member makes an appointment with a dermatologist for a skin cancer screening.

Answer: The visit to the dermatologist is not considered preventive care. The woman would be responsible for any deductible, coinsurance, or co-payment applicable based on her Benefit Plan provisions.

Situation 4

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

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

Situation 5

A man makes quarterly visits to the doctor for blood tests to check his 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.

How to use this information

The information provided in this document offers general health screening guidelines. These are based primarily on the recommendations of the U.S. Preventive Services Task Force and other health organizations. Consult your doctor for your specific preventive health recommendations, as he or she is your most important source of information about your health.

For more information on preventive care, please visit www.uhppreventivecare.com to identify your preventive care guidelines.

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Preventive care guideline overviews

• Guidelines for All Ages with specific recommendations for:
  – Women’s Health
  – Men’s Health
  – Children’s Health
Preventive care guidelines - website

- Preventive Care website
  www.uhcpreventivecare.com
- Personalized recommended screenings and immunizations based on age and gender
- Results can be:
  - printed
  - downloaded
  - shared/e-mailed to the doctor or a friend