

December 11, 2009

To: All Local Presidents - Legacy SBC Bargaining Units

From: Kristie Darling, CWA Representative

Subj: 2010 Preventative Care/Traditional Medical Plans (NOT HMOs)

Attached is information provided by UHC and BCBS on preventive care. These documents were produced by the claims administrators for the AT&T medical plans for distribution across all populations they provide claims processing services for and not just for AT&T or the MW CHCP. The list is not all inclusive and services identified in these documents would be covered only when billed as routine preventive care and not in conjunction with a disease diagnosis. The services considered preventive are subject to change; participants should always call the claims administrator first to verify that the coverage would be considered preventive.

Note: Preventative Services described herein MUST also be provided by an IN-NETWORK PROVIDER to be covered. Not all Retirees will be eligible for these 2010 preventative coverage changes, but may be eligible for our old disease detection or Medicare coverage depending on which medical plan the retiree is enrolled in. Retirees can check with their medical carrier (BC/BS or United Healthcare or Medicare) to determine what kind of preventative coverage they have effective 2010.

KD:mc
opeiu2/afl-cio

have other risk factors for coronary heart disease should also be screened. The frequency of screening may be based on your test results. Adult diabetics may need to be screened at least annually, while people with repeated normal results may need screenings every five years or even less often.

Colorectal cancer: Begin having tests at age 50 if you are at average risk. Screenings may include one of the following: an annual fecal occult blood test on three specimens collected at home; a flexible sigmoidoscopy every five years; or both an annual fecal occult blood test and flexible sigmoidoscopy every five years. Other screening options may include a double-contrast barium enema every five years or a colonoscopy every 10 years. If you have an increased risk for colon cancer, you may need to be screened earlier or according to a different schedule.

Diabetes: Consider getting screened for diabetes every three years, beginning at age 45. However, if you have high blood pressure or high cholesterol, screening for diabetes is recommended. Screenings may also be recommended based on your weight, family history of diabetes or other risk factors.

Height and weight: Have your height and weight checked every one to three years starting at age 18.

HIV: You may need to be tested, depending on your risk for infection. All pregnant women should be screened.

Tuberculosis: Testing should be performed if you are at high risk.

For Adults Age 65 and Older

Hearing and vision: Regular evaluations are recommended.

Influenza, pneumococcal and zoster immunizations are particularly important for adults age 65 and older.

Just for Men

Prostate cancer: Discuss screening risks and benefits with your doctor. Men who are most likely to benefit from prostate cancer testing include: men age 40 or older of African-American descent; men age 40 or older with a father, brother or son who has had prostate cancer; and any man age 50 or older.

Abdominal aortic aneurysm: You may need to be screened if you are a man between the ages of 65 and 75 who has ever smoked.

Just for Women

Clinical breast exam: Have this exam performed every three years from ages 20 to 40 and annually after age 40.

Endometrial cancer: At the time of menopause, ask your physician about the risks and symptoms of endometrial cancer, and report any symptoms you experience.

Mammogram: A screening mammogram is recommended every one or two years starting at age 40. Depending upon your family history, you may need additional evaluation.

Pap test: Testing for cervical cancer should start no later than age 21. You should be screened every year if using a conventional Pap test, or every two years if using a liquid-based

Pap test. At or after age 30, you may start being screened every two to three years if you have had three consecutive normal results. You may stop screening at age 70 if you have had three or more consecutive normal results and no abnormal results in the last 10 years. You may also stop screenings following a total hysterectomy.

Osteoporosis: Bone-density screenings are important if you are a woman age 65 or older, or beginning at age 60, if you are at risk for osteoporosis-related fractures.

Sexually transmitted diseases: Screening is recommended if you are at increased risk for syphilis or gonorrhea. Annual chlamydia testing is also recommended for all sexually active nonpregnant women age 24 and younger, and older nonpregnant women who are at higher risk. Pregnant women may also need to be screened if they are 24 years old or younger, or at increased risk.



Calling Dr. Right

Are you looking for a dentist? Or maybe you're going on vacation out of the country and want to search out a doctor before you board your plane? Look no further than www.bcbsil.com.

Blue Cross and Blue Shield's Provider Finder® lets you search for hospitals, doctors, pharmacists and eye care providers by name or specialty. To get started, go to www.bcbsil.com; select Members, and then Provider Finder.

Follow the Schedule

Are you up to date on your immunizations?

Think vaccinations are just for kids? Think again: Adults need certain vaccines to help prevent infectious diseases such as tetanus and shingles.

For many years, a tetanus and diphtheria booster has been recommended every 10 years for adults. Since 2006, the recommendation has been updated, and now adults ages 19 to 64 are advised to receive one booster that includes pertussis, or whooping cough vaccine.

Ask your doctor if you need any immunizations.

Recommended Adult Immunization Schedule

| ▼ VACCINE | AGE ► | 19-49 YEARS | 50-64 YEARS | 65 YEARS AND OLDER |
|---|-------|--------------------------------------|-----------------|--------------------|
| Tetanus, diphtheria, pertussis (Td/Tdap)* | | 1 dose Td booster every 10 years | | |
| | | Substitute 1 dose of Tdap for Td | | |
| Human papillomavirus (HPV)* for women | | 3 doses (0, 2, 6 mos up to age 26) | | |
| Measles, mumps, rubella (MMR)* | | 1 or 2 doses | 1 dose | |
| Varicella* | | 2 doses (0, 4-8 wks) | | |
| Influenza* | | | 1 dose annually | |
| Pneumococcal (polysaccharide) | | 1-2 doses | | 1 dose |
| Hepatitis A* | | 2 doses (0, 6-12 mos or 0, 6-18 mos) | | |
| Hepatitis B* | | 3 doses (0, 1-2, 4-6 mos) | | |
| Meningococcal* | | 1 or more doses | | |
| Zoster | | | | 1 dose |

*Covered by the Vaccine Injury Compensation Program.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle or other indications)

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Online, Anytime

Visit www.bcbsil.com to:

- Request a replacement ID card.
- Research health conditions.
- View our drug formulary.
- Read our privacy statement.

How to Reach Us:

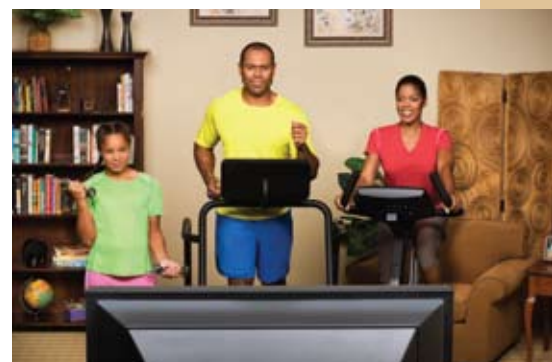
To talk to Member Services, call the number on the back of your ID card from 9 a.m. to 5 p.m., weekdays. Go to www.bcbsil.com, where you can find network physicians, hospitals and Medical Groups/IPAs; request a replacement ID card; and use the Hospital Comparison tool.

INSIDE YOU'LL FIND:

- [page 1] Your Family's Health
- [page 2] Kids Need Immunizations
- [page 3] Time for Prevention

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. If you'd like more information on preventive care, visit www.preventiveservices.ahrq.gov.



Guidelines for maintaining your health

Screening: Children ages 0 to 18 years

| Age | Screening Test | Frequency |
|----------------------|---|-------------------------------|
| Newborn | Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism) Hearing Screening | During newborn period Once |
| Birth-2 months | Head circumference | At each well-child visit |
| Birth-2 years | Length and weight | At each well-child visit |
| 2-18 years | Height and weight | At each well-child visit |
| 3-4 years | Eye screening | Once |
| Younger than 5 years | Dental | At each well-child visit |



Range of recommended ages

Certain high-risk groups

Recommended immunization schedule for persons aged 0 through 6 years – United States • 2009

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* | HepB | HepB | | See footnote | HepB | | | | | | |
| Rotavirus* | | | RV | RV | RV ² | | | | | | |
| Diphtheria, Tetanus, Pertussis* | | | DTaP | DTaP | DTaP | See footnote ³ | DTaP | | | | DTaP |
| Haemophilus influenzae 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 | | | See footnote | | MMR |
| Varicella* | | | | | | Varicella | | | See footnote | | Varicella |
| Hepatitis A* | | | | | | HepA (2 doses) | | | | HepA Series | |
| Meningococcal* | | | | | | | | | | MCV | |

* SOURCE: Centers for Disease Control and Prevention, Recommended States, 2009, MMWR 2007;56(51&52):Q1-Q4

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States • 2009

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

| Vaccine | 7-10 years | 11-12 years | 13-18 years |
|---------------------------------|--------------------|---------------|---------------|
| Tetanus, Diphtheria, Pertussis* | See footnote | Tdap | Tdap |
| Human Papillomavirus* | See footnote | HPV (3 doses) | 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 | | |

* SOURCE: Centers for Disease Control and Prevention, Recommended States, 2009, MMWR 2007;56(51&52):Q1-Q4

Counseling: children ages 0-18 years

As your child grows, talk to their doctor about:

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

* SOURCE: Centers for Disease Control and Prevention, Recommended immunization schedules for persons aged 0-18 years - United States, 2009

Preventive care guidelines: adults over age 18

Range of recommended ages

| SCREENING | Years of Age | 18 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 |
|------------------------------------|---------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-------------------------------|-----------|-----------|--------------|-----------|
| Blood Pressure, Height, and Weight | | At each preventive visit | | | | | | | | | | | |
| Obesity | | At each preventive visit | | | | | | | | | | | |
| Cholesterol | | | | | | | | | Men: Every 5 years | | | | |
| | | | | | | | | | Women: Every 5 years | | | | |
| Cervical cancer screening | | Annually beginning at age 18 or age of sexual activity, and every three years after three consecutive normal tests | | | | | | | | | | | |
| Chlamydia/Gonorrhea | | | | | | | | | | | | | |
| Mammography | | | | | | | | | Women: every one to two years | | | | |
| Colorectal Cancer* | | | | | | | | | Depends on y\test | | | | |
| Osteoporosis | | | | | | | | | | | | Routinely | |
| Alcohol Use, Depression | | At each preventive visit | | | | | | | | | | | |
| Tobacco use | | At each preventive visit | | | | | | | | | | | |
| Vision, Hearing | | | | | | | | | | | | Periodically | |
| HIV | | For those at increased risk | | | | | | | | | | | |

IMMUNIZATION

| | | | | | | | | | | | | | |
|-------------------------------|--|--------------------------------|--|--|--|--|--|--|--|--------|--|----------|--|
| Tetanus-Diphtheria (Td/Tdap) | | Every 10 years | | | | | | | | | | | |
| Varicella (VZV) | | Susceptibles only-two doses | | | | | | | | | | | |
| Measles, Mumps, Rubella (MMR) | | All with lack of immunity | | | | | | | | | | | |
| Pneumococcal | | | | | | | | | | | | One dose | |
| Influenza | | | | | | | | | | Yearly | | | |
| Hepatitis B/Hepatitis A | | Persons at risk | | | | | | | | | | | |
| Meningococcal | | For certain high-risk groups** | | | | | | | | | | | |
| Human Papillomavirus (HPV) | | 3 Doses 0,2,6 mo | | | | | | | | | | | |
| Zoster | | | | | | | | | | | | One dose | |

CHEMOPREVENTION

| | | | | | | | | | | | | | |
|---|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Assess cardiovascular disease risk and discuss aspirin to prevent CVD events | | | | | | | | | The screening age for Men to 45; Women to 55 | | | | |
| Discuss breast cancer chemoprevention with women at high risk for breast cancer and low risk for adverse effects. | | | | | | | | | Women: Periodically | | | | |
| Folic Acid – recommended dosage is 0.4 - 0.8mg daily | | Women of childbearing age | | | | | | | | | | | |

COUNSELING

| | | | | | | | | | | | | | |
|---|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Promote and support breastfeeding | | Women after childbirth | | | | | | | | | | | |
| Tobacco cessation, drug and alcohol use, STDs and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention, and polypharmacy | | Periodically | | | | | | | | | | | |

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.

Individual health plans vary in preventive coverage. Generally, your plan should cover immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention. For complete immunization guidelines, visit www.cdc.gov/nip.



UnitedHealthcare has adopted preventive care guidelines based on the recommendations of the U.S. Preventive Services Task Force (USPSTF). Benefit coverage for individual health services often includes age ranges or frequency of service that are more liberal than those adopted by USPSTF. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Please direct questions to your personal physician. The tables on the preceding pages are only summaries.

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.

For informational purposes only, UnitedHealthcare does not diagnose problems or recommend specific treatment. The information provided in this document is not a substitute for your physician's care. Services and medical technologies referenced herein may not be covered under your plan or be available in all state or for all groups.



Printed on paper containing recycled material.