

2018 Annual Care Checklist

Please complete this list and bring it to your next appointment.¹ If you need help finding a doctor, please call Customer Service at the number on the back of your member ID card.

Once a Year (Every Flu Season)	Date Done	As Needed	Date Done
<input type="checkbox"/> Flu shot		<input type="checkbox"/> Pneumonia shot (Talk to your primary care provider about the 2 vaccines available)	
Annual Wellness Visit		<input type="checkbox"/> Shingles shot (Once, for those age 60 and older)	
<input type="checkbox"/> Blood pressure check		<input type="checkbox"/> Screening lipids for cardiovascular disease (Based on your doctor's recommendation)	
<input type="checkbox"/> Height, weight and body mass index (BMI)		<input type="checkbox"/> Tetanus (Td), diphtheria, pertussis (Tdap) vaccine (Tdap once, then Td every 10 years)	
Annual Routine Physical Exam		<input type="checkbox"/> Colon cancer screenings (ages 50-75) One of these four: • Colonoscopy (Every 10 years) OR • Sigmoidoscopy (Every 5 years) OR • Cologuard (Every 3 years) OR • Fecal occult blood testing (FOBT) (Yearly)	
<input type="checkbox"/> Head-to-toe examination		<input type="checkbox"/> Mammogram (Every year after age 45; starting at age 55 it can change to every other year ²)	
<input type="checkbox"/> Fasting blood sugar			
As Recommended by Your Doctor			
<input type="checkbox"/> Discuss screening and prevention of osteoporosis			
<input type="checkbox"/> Dental exam			
<input type="checkbox"/> Hearing exam			
<input type="checkbox"/> Eye exam			
For People with Diabetes			
<input type="checkbox"/> Hemoglobin A1c (HbA1c)			
<input type="checkbox"/> LDL cholesterol			
<input type="checkbox"/> Urine test for protein			
<input type="checkbox"/> Eye exam with dilated retinal screening			



All recommendations except mammogram are from the U.S. Preventive Services Task Force. Screenings may be more frequent depending on risk factors. Check with your doctor.

¹This is a list of suggested screenings. Coverage for these screenings (including how often they are covered) may vary by plan. If you have questions about your specific benefits or coverage details, please call Customer Service at the number on the back of your member ID card or check your Evidence of Coverage.

²American Cancer Society, 2017.

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Please complete this information and discuss these topics with your primary care provider.

Questions to help you prepare for your visit.

In the past 12 months, have you had any problems with balance or falling? Yes No

Are you able to get help when you want or need it? Yes No

Are you interested in talking with someone about your feelings? Yes No

Have you talked to anyone about your level of exercise or physical activity in the last 12 months? Yes No

Over the past 6 months, have you experienced any bladder control problems? Yes No

Would you like to talk through an advance directive to help you plan your medical wishes? Yes No

What other questions can we answer for you today?

Your prescription and over-the-counter medicines.

Write down your medicines here. Be sure to bring all of these in a bag to your next primary care provider appointment.

Drug Name	How Much I Take	Why I Take It



Coverage depends on your plan. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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