





### **Keeping your child healthy**

The health of your child is a top priority, which is why preventive care and identifying problems early are important to maintain your child's health. Regular preventive care helps your child live a healthier life. Preventive care services—such as physical exams, immunizations, vaccines, and routine screenings—can help your child avoid serious health problems and allow early detection of common medical conditions. This is why it is important to make sure you schedule your child's preventive visits and obtain all childhood immunizations on time. Talk to your doctor about your specific questions and concerns regarding your child's health, and use these guidelines, along with the advice of your doctor, to help your child stay healthy.

## What preventive health screenings are right for your child?

Consult with your child's doctor to determine which specific screenings are right for your child. Use our online tool at www.uhcpreventivecare.com to identify age specific preventive care guidelines for children, based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Working with your child's doctor, you can use these recommended guidelines to determine which tests or screenings are appropriate for your child. In addition, you can print your child's preventive health guidelines, get useful health tips and find other tools to support your child's overall health.





### Take a proactive approach to your child's health today.

Use the charts inside this brochure, along with our Preventive Care Guidelines at www.uhcpreventivecare.com to help safeguard your child's health.

| Screening: Children ages 0 – 18 years |  |                          |  |  |  |  |
|---------------------------------------|--|--------------------------|--|--|--|--|
| Age                                   | Screening test   | Frequency                |  |  |  |  |
| Newborn                               | Newborn screening<br>(PKU, sickle cell, hemoglobinopathies,<br>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 Safety Alcohol and drug abuse

#### 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<br>month | 2<br>months | 4<br>months | 6<br>months        | 12<br>months      | 15<br>months | 18<br>months | 19-23<br>months | 2-3<br>years | 4-6 years |
|-----------------------------------|-------|------------|-------------|-------------|--------------------|-------------------|--------------|--------------|-----------------|--------------|-----------|
| Hepatitis B¹                      | HepB  | He         | рВ          |             |                    | He                | рВ           |              |                 |              |           |
| Rotavirus                         |       |            | RV          | RV          | RV <sup>2</sup>    |                   |              |              |                 |              |           |
| Diphtheria, Tetanus,<br>Pertussis |       |            | DTaP        | DTaP        | DTaP               | See<br>footnote 3 | D.           | ГаР          |                 |              | DTaP      |
| Haemophilus influenza type b      |       |            | Hib         | Hib         | Hib                | Н                 | ib           |              |                 |              |           |
| Pneumococcal                      |       |            | PCV         | PCV         | PCV                | PCV               |              |              | PPSV            |              |           |
| Inactivated Poliovirus            |       |            | IPV         | IPV         | IPV                |                   |              |              | IPV             |              |           |
| Influenza                         |       |            |             |             | Influenza (yearly) |                   |              |              |                 |              |           |
| Measles, Mumps,<br>Rubella        |       |            |             |             |                    | М                 | ИR           |              |                 |              | MMR       |
| Varicella                         |       |            |             |             |                    | Vario             | cella        |              |                 |              | Varicella |
| Hepatitis A                       |       |            |             |             | HepA (2 doses)     |                   | HepA Series  |              |                 |              |           |
| Meningococcal                     |       |            |             |             |                    |                   |              |              |                 | М            | CV4       |

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         | 11-12 years 13-18 years |            |  |  |
|---|--------------------|-------------------------|------------|--|--|
| Tetanus, Diphtheria, Pertussis                                  |                    | Tdap                    | Tdap       |  |  |
| Human Papillomavirus<br>(covered for females; not for<br>males) |                    | HPV (3 doses)           | HPV Series |  |  |
| 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   |                         |            |  |  |









For more information about UnitedHealthcare, please visit us at www.myuhc.com.

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.

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