



2024 Annual Care Checklist

Good preventive care helps detect health issues early when they may be easier to treat. Have this checklist handy at your next appointment. Together, you and your primary care provider (PCP) can decide which tests and health care services are right for you.

THE POWER OF PREVENTION

Once a year	Date done	As needed	Date done
<input type="checkbox"/> Flu shot		<input type="checkbox"/> Colon cancer screening	
<input type="checkbox"/> Immunization review (see what shots you may be due for)		<input type="checkbox"/> Hepatitis B and C screening	
Annual wellness visit/routine physical	Date done	<input type="checkbox"/> Mammogram screening	
<input type="checkbox"/> Blood pressure check		For people with diabetes	Date done
<input type="checkbox"/> Head-to-toe examination		<input type="checkbox"/> Exam for diabetes-related eye issues	
<input type="checkbox"/> Height, weight, & body mass index (BMI)		<input type="checkbox"/> Exam for diabetes-related foot issues	
<input type="checkbox"/> Lifestyle screening check (alcohol use, help quitting tobacco, and healthy eating, if applicable)		<input type="checkbox"/> Hemoglobin A1c (HbA1c)	
As recommended by your PCP	Date done	<input type="checkbox"/> LDL cholesterol	
<input type="checkbox"/> Cervical cancer screening		<input type="checkbox"/> Statin medication, if clinically appropriate	
<input type="checkbox"/> Cholesterol screening		<input type="checkbox"/> Tests to monitor for kidney disease	
<input type="checkbox"/> Prostate cancer screening		Additional appointments	Date done
<input type="checkbox"/> Bone density test for osteoporosis			
<input type="checkbox"/> Fasting blood sugar screening			
<input type="checkbox"/> Sexually transmitted diseases screening			
<input type="checkbox"/> Skin cancer exam			
<input type="checkbox"/> Eye exam			
<input type="checkbox"/> Dental exam			
<input type="checkbox"/> Hearing exam			

**This list is not exhaustive. For a complete list of recommendations visit: www.healthcare.gov/coverage/preventive-care-benefits/.*

To build your personalized list of preventive services go to <https://health.gov/myhealthfinder>.

See back for important topics to prepare for your next appointment.

To see a full description of benefits and limits, please refer to the Plan's Summary Plan Description (SPD) or, for individuals covered under the Fund's Medicare Advantage Plan, the UnitedHealthcare Plan Guide available at www.bnf-kc.com.

***This checklist is intended to be informative only.
It is not medical advice and is not tailored to your individual health needs.*



Important topics to discuss with your PCP

Prepare for your appointment by filling in the information below. Then, write down recommendations your PCP has about these topics and treatment options during your visit.

Medications		Treatment
Write down your prescriptions, over-the-counter medications, supplements, and vitamins you are taking. Ask: <ul style="list-style-type: none"> Am I taking them correctly? Are there any side effects? Is there a lower-cost option? 	Discuss tests ordered during your appointment. Ask: <ul style="list-style-type: none"> When can I expect results? Will I receive a follow-up call? Do I need a follow-up appointment? 	
Care team		
<input type="checkbox"/> Write down any specialist or other providers you see. This will help your PCP coordinate your overall care.		
Mental health: Thoughts of suicide or self-harm? Call or text 988		
<input type="checkbox"/> Discuss your mental health with your PCP. Let them know if you are feeling sad or blue, or are having difficulty sleeping. Or discuss challenges you're experiencing in planning, or memory loss that disrupts daily life.		
Physical health		
<input type="checkbox"/> Discuss your physical health with your PCP, including if you are experiencing pain that interferes with your regular activities, work, or social life.		
Risk of falls <input type="checkbox"/> I have had a fall <input type="checkbox"/> I have problems with balancing or walking <input type="checkbox"/> I don't have problems with balancing or falling	Bladder control <input type="checkbox"/> I have problems with bladder control <input type="checkbox"/> I have problems with leaking of urine <input type="checkbox"/> I don't have bladder control or urine leakage problems	Physical activity <input type="checkbox"/> Start exercising <input type="checkbox"/> Increase exercise <input type="checkbox"/> Maintain current exercise level
Other health concerns: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

Important Contact Information

Boilermakers National Funds:

www.bnf-kc.com or 866-342-6555

Cigna:

www.mycigna.com or 800-235-7748

Express Scripts:

www.express-scripts.com or 800-655-0459

Delta Dental:

www.deltadentalks.com or 800-234-3375

Vision:

855-249-2298

United Healthcare:

www.uhcretiree.com or 877-755-5349

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