

BENEFITS OF TOBACCO CESSATION

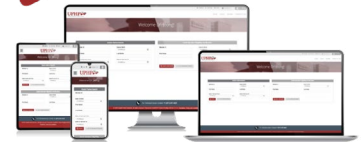
UPHP offers several different resources to help adult Medicaid and HMP members with tobacco cessation. It is never too late for you to quit.

- Talk to your provider for help quitting
 - They can be a key step in your journey.
- Medicines to help quit tobacco are a covered UPHP benefit.
 - It is best to talk to your provider about which would be the best fit for you.
- Call the MI Tobacco Quitline for FREE coaching at 1-800-784-8669 (1-800-QUIT-NOW).
 - Completing at least four calls with the Quitline can qualify members for a \$100 Walmart gift card.
- Ask about covered medications to help you quit
 - Call UPHP Customer Service at 1-800-835-2556.
- Members may join the Truth-EX Program, a digital based program developed with Mayo Clinic.
 - Visit Go.theEXProgram.com/UPHP to get started.
 - Members may earn a \$100 gift card if they complete 1,000 points with EX.
- UPHP members can use all or a combination of the above tools to assist in your quitting journey.



UPHP Assist

Feature



Did you know you can status your mileage reimbursement at any time online? Just log into assist.uphp.com and head to the "Claims" tab and search for claims related to your non-emergent transportation benefit.

Claim Status	Date of Service From	Date of Service To
Transportation Default	12/01/2022	12/31/2022
MI (Other) Mileage	12/01/2022	11/30/2023
UPHP Paid Amount	3122.00	2364.00
UPHP Paid Amount	3122.00	2364.00
UPHP Paid Amount	3122.00	2364.00

Your claim information will show once the claims department has processed your request and will show if it's "Pending", "Approved" or "Denied".

How to see who was paid:

- Claims that are mileage reimbursement paid to the member, will have a provider listed as "Transportation Default".
- Claims that are mileage reimbursement paid to a friend or family member, will have the provider listed as the friend or family member.
- Claims that are mileage reimbursement paid to a volunteer, will have the provider listed as the volunteer.
- Claims that are paying a bus, cab, hotel, or meal vendor for services UPHP arranged will have the provider listed as that vendor.

If it has been over 30 days, and you do not see your request in the UPHP Assist portal, please send a secure message through UPHP Assist or call Transportation at 1-800-835-2556.

KNOW YOUR DRUG BENEFITS

Covered Pharmacy Drugs

Pharmacy drugs are drugs that you get from your pharmacy. These drugs are billed under your pharmacy benefit.

- **Formulary:** The Upper Peninsula Health Plan (UPHP) List of Covered drugs (also called the Formulary or Drug List) is a list of prescription drugs (brand and generic), over-the-counter (OTC) drugs, and non-drug products and items that are covered for members enrolled in one of our Medicaid plans. The UPHP Drug List is required to align with the Michigan Department of Health and Human Services (MDHHS) Common Formulary. Michigan Medicaid Health plans may be 'less restrictive' and cover additional drugs or items not found on the MDHHS Single Preferred Drug list. The Common Formulary and Less Restrictive drug lists are both managed with the help of doctors and pharmacists and must meet rules set by the State of Michigan. The most up-to-date UPHP Drug List, which combines both the Common Formulary and UPHP Less Restrictive drugs, can be found on our Medicaid Formularies page at www.uphp.com/pharmacy/medicaidformularies/, then click on your plan's formulary link. The formulary will tell you which drugs or items are covered and if there are any limitations.
- **Limitations:** The formulary has a key which explains what each limitation means. A few examples include:
 - **Prior Authorization:** if a drug can only be covered after you, your approved representative, or your prescriber submit a coverage request and get prior approval or authorization, this is noted on our formulary as 'PA.' You can also view the prior authorization rules (called criteria) on our Medicaid Formularies page. Viewing the criteria can help you and your doctor or other prescriber know if you meet the requirements for the drug to be covered and what information needs to be included in the coverage request. If you don't meet the requirements, the formulary can help you and your prescriber decide if there is another covered drug that could work just as well for you.
 - **Quantity Limit:** If the plan will only pay for a certain amount of a drug per fill, or over a certain amount of time, this is called a quantity limit. The formulary will tell you what that quantity limit is.
 - **Drug Tiers (Preferred vs. Non-Preferred):** Some drugs are preferred over other non-preferred drugs covered on the formulary. These are called drug tiers. This means you will likely have to try a drug (or all drugs) in the preferred tier in that drug class before the plan can cover a drug in a non-preferred tier in the same class.
 - **Step Therapy:** A coverage rule that requires you to try another drug before we cover the drug you ask for.
- **Exceptions:** You can ask us to make an exception to our formulary or coverage rules, such as asking us to:
 - Cover a Medicaid drug that isn't on our plan's Drug List.
 - Set aside a limitation or rule for a drug (such as limits on the amount you can get or step therapy).
 - When you ask for an exception, your doctor or other prescriber needs to explain the medical reasons why you need the exception. You can also view our Formulary Exception Criteria (rules that must be met for us to make an exception) on our Medicaid Formularies page.
- **Day Supply Limits:** MDHHS sets additional rules about the number of days' supply the plan can cover at a time. If a drug is used to treat a long-term (chronic) health problem, it is called a maintenance drug. The plan will cover up to 102 days of a maintenance drug at a time. Our formulary will tell you if your drug is a maintenance drug. If a drug is used to treat pain or a short-term (acute) health problem, the plan can cover up to 34 days of a drug at a time. The plan will cover up to a 12-month supply of contraceptives, including oral, vaginal ring, and contraceptive hormonal patches at a time. Condoms are covered for up to 12 at a time, or 36 in a 30-day period.

Covered Medical Drugs

Medical drugs are drugs that are typically given in a health care provider's office, at an infusion center, or by Home Health nurses. These drugs are billed under your UPHP medical benefit instead of your pharmacy benefit. MDHHS decides which medical drugs are covered by the plan. UPHP Customer Service or your prescriber can help you find out if a medical drug is covered. The list of drugs that require prior authorization and the criteria for coverage can be found on our website at www.uphp.com/pharmacy/medicaldrugbenefitjcode/. Your prescriber can request a prior authorization for you, if one is needed.

FRAUD, WASTE, & ABUSE

Upper Peninsula Health Plan (UPHP) works with federal and state agencies to prevent, detect, and correct health care fraud, waste, and abuse. Fraud is when you knowingly deceive someone. It can also be when you misrepresent yourself. Waste is an improper action or poor management resulting in needless expenses to you or UPHP. Abuse is any action that results in unneeded costs to UPHP.

Examples of fraud and abuse by a member include:

- Letting someone else use their UPHP ID card.
- Changing a prescription written by a doctor.
- Lying about their medical condition.
- Selling their prescription drugs to others.
- Submitting mileage reimbursement requests for visits not attended.

Examples of fraud, waste, and abuse by a provider include:

- Billing for medical services not performed.
- Prescribing medicine that is not needed.
- Providing unnecessary services.

- Billing more than once for the same service.
- Billing for more expensive services than what were provided.

You can help stop health care fraud. If you suspect possible fraud, report it today by calling or writing to:

Upper Peninsula Health Plan

Attn: Compliance Officer
853 W. Washington Street
Marquette, MI 49855
1-800-835-2556 (TTY: 711)

Michigan Department of Health and Human Services- Office of Inspector General

Call Toll-Free: 1-855-MI-FRAUD (643-7283)

Online:

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/report-medicaid-fraud-and-abuse>

Write to:

Office of Inspector General
PO Box 30062
Lansing, MI 48909

Health and Human Services- Office of Inspector General

HHS TIPS Hotline: 1-800-HHS-TIPS (447-8477)

Online:

<https://oig.hhs.gov/fraud/report-fraud/index.asp>

Write to:

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

Notice of Privacy Practices

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws. The Notice of Privacy Practices provides more information. UPHP has updated its privacy practices effective Oct. 1, 2025. You can get this notice on our website at: <https://www.uphp.com/medicaid/memberresources/>.

You have a right to get a copy of this notice at any time. Call UPHP Customer Service at 1-800-835-2556 (TTY: 711) or write to us at Upper Peninsula Health Plan, 853 W. Washington Street, Marquette, MI 49855 to ask for a copy.

Carve-Out Drugs

Some drugs and drug classes are carved out from UPHP coverage and are paid directly by the MDHHS Fee-For-Service program. Your pharmacy or prescriber will be told if they need to bill UPHP or Fee-For-Service for your covered pharmacy and medical drugs.

Changes to Drug Coverage

Formulary and coverage rule changes happen throughout the year and can impact your access to certain drugs. Staying informed about these changes will help you to ensure you have access to a covered drug you need. If a drug you are taking has a change on our formulary that will have a negative impact on your ability to get the drug in the future, we will send you a letter in the mail at least 30 days before the change goes

into effect. This letter will explain the change and let you know what steps you should take next.

Copay

All UPHP covered medical and pharmacy drugs have a \$0 copay.

Questions?

If you don't have access to our website and would like us to mail you a printed copy of the formulary or drug coverage rules, or need help understanding this information, you can call UPHP Customer Service at 1-800-835-2556 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. Eastern Time. The call is free. You can also view our pharmacy policies online at www.uphp.com/pharmacy/pharmacy-policies/.

ASTHMA-RESCUE INHALER VS CONTROLLER INHALER

If you have asthma, your provider may prescribe different types of inhalers for you. The two main types of inhalers used are controller inhalers and rescue inhalers. To get the most benefit, it is important to know when, and how, to use each inhaler. Below is a chart that compares the two inhalers, as well as a video link on how to use them.

	Purpose	When to Take	Examples
Controller Inhaler	Long-term relief of asthma symptoms Prevent asthma attacks	Every day	Flovent Symbicort
Rescue Inhaler	Quick relief of asthma symptoms Treat asthma attacks	Only when needed	Albuterol

Here are some links to learn how to use your inhalers:

“Self-Care for Asthma – Using Your Inhaler”

www.cdc.gov/asthma/caring/?CDC_AAref_Val=https://www.cdc.gov/asthma/inhaler_video/default.htm

“How to use a Diskus Dry Powder Inhaler”

www.youtube.com/watch?v=FnUgQTfP7P4

You can also talk to your provider about prescribing you a spacer device, to help make your rescue inhaler easier to use. Spacers help to ensure that the drug reaches your lungs where it's needed, instead of ending up in the back of the throat.

To see what inhalers and spacers are covered by UPHP, visit www.uphp.com/pharmacy/medicaidformularies/.

DIABETIC EYE EXAMS

Those living with type 2 diabetes should have their eyes checked regularly. High blood sugar over a long period of time may lead to eye damage like retinopathy.

What is retinopathy? Damage of the retina's blood vessels is called retinopathy. The retina is tissue at the back of the eye. It takes light and sends it to the brain. Retinopathy can harm eyesight and lead to vision loss if left untreated.

During the exam, the provider will put drops in your eyes that allow them to see the retina. You may be diagnosed with mild or moderate nonproliferative or proliferative diabetic retinopathy or macular edema. Treatments are available but prompt diagnosis is vital. Regular follow-

FIND A PROVIDER OR HOSPITAL

Upper Peninsula Health Plan (UPHP) provides an online provider directory. This provides a complete list of UPHP providers and services including:

- Primary Care Providers and Specialists
- Hospitals
- Durable Medical Equipment
- Maternal Infant Health Programs (MIHP)
- Family Planning Services
- Health Departments
- Eye Care (exams and glasses)

You will be able to search providers by the plan specific to you. Please visit uphp.com, or for assistance, please call UPHP Customer Service at 1-800-835-2556 (TTY: 711).

HEALTH RISK ASSESSMENT

A health risk assessment (HRA) is a group of questions about your health and your feelings about your health. UPHP Medicaid and Healthy Michigan Plan (HMP) members are requested to complete an HRA each year. UPHP uses your data to connect you with social resources, support care management, guide the development of new health programs, and communicate with you based on your preferences.

The HRA is available to UPHP Medicaid and HMP members through the UPHP Assist Portal at <https://www.uphp.com/member-login/>. Assessments can also be completed via phone or requesting printed copies by contacting Customer Service at 1-800-835-2556 (TTY 711).

ups are crucial to track any changes in your eye health.

Inform your eye doctor if you have blurry vision, blind spots, flashes of light, floaters, or if lines and shapes appear wavy or distorted. Also, mention any vision loss in one or both eyes.

Upper Peninsula Health Plan (UPHP) covers one eye exam every two years. Additional visits may be covered if medically necessary and may require prior authorization. If you do not have an eye doctor, UPHP Customer Service can help. Call 1-800-835-2556. Participating providers can also be found online by going to <http://www.uphp.com/providers/provider/provider-directory/>.

NEW PHARMACY BENEFIT MANAGER & MEMBER ID CARD IN 2026

Upper Peninsula Health Plan (UPHP) will be changing Pharmacy Benefit Managers. A Pharmacy Benefit Manager (PBM) is a type of company the health plan uses to help manage its drug benefit and pharmacy network. UPHP will be changing PBMs from Prime Therapeutics to Express Scripts starting Jan. 1, 2026.

What does this change mean?

Express Scripts will begin helping UPHP members with things like prior authorizations, appeals, and other questions about their drug benefit. You can reach both UPHP Customer Service and Express Scripts Customer Service by calling 1-800-835-2556 (TTY 711) and choosing the appropriate prompt for what you need. The call is free. UPHP Customer Service is available Monday through Friday, 8 a.m. to 5 p.m. Eastern Time. Express Scripts Customer Service is available 24 hours a day, 7 days a week. You can also get more information about your pharmacy benefit, including the list of covered drugs, coverage rules, and how to request a prior authorization or appeal by visiting our website at www.uphp.com/pharmacy/medicaidformularies/.

What do you need to do?

1. Watch for your new Member ID card to arrive in December. Take it with you next time you go to the pharmacy and doctor's office. The pharmacy will need this new card to know how to bill UPHP for your drugs.
2. Check to see if your pharmacy is still in our network. Most Upper Peninsula pharmacies will still be in our network under Express Scripts, but there might be a few that are not. To check, visit our online Provider and Pharmacy search tool at www.uphp.com/providers/provider-directory/, then click Pharmacy Search. You can search by pharmacy name, type, city, county, and more. You can also choose to search for pharmacies in the Upper Peninsula or nationwide. If you need help finding a network pharmacy near you, call the customer service number listed above.

UPHP, in partnership with Express Scripts, will continue to provide you with the best possible service to meet your pharmacy needs.



MAKING HEALTH CARE BETTER FOR EVERYONE

A big topic in health care today is health equity. This means making sure everyone has a fair chance to get the care and services they need to live well.

UPHP wants all members to be as healthy as they can be. Things like income, race, and ability can affect the care people get.

Health disparities are unfair differences in health between groups. These differences can be prevented. UPHP works with the Michigan Department of Health and Human Services to help fix these problems.

What UPHP is Doing

- Helping more American Indian/Alaskan Native children get their vaccines by age two.
 - White children are 12% more likely to get these vaccines.
- Helping more Black members get their yearly flu shot.
 - White members are 10% more likely to get the flu shot.

UPHP wants to hear from you! Your ideas can help improve our programs. Please contact Janey Joffee, Chief Quality Officer, at (906) 226-4286 or jjoffee@uphp.com.



PUBLIC BENEFITS PROGRAMS

In addition to your Upper Peninsula Health Plan (UPHP) health benefits, you may be eligible for other public health benefits that are available to help you and your family. You can use the Connected Communities link found here: <https://uphp.findhelp.com/> to search for specific resources in your zip code. You can also visit <https://www.uphp.com/public-benefit-programs/> for links to resources such as:

- MI Bridges
- Women, Infants and Children (WIC)
- Cash assistance
- Weatherization Assistance Program
- Michigan Energy Assistance Program
- Home Heating Credit

If you would like to speak with someone, call (906) 225-5964 to get connected to our dedicated team of Community Health Workers. They will help ensure your needs are met and offer any extra assistance you need.

CHILDHOOD LEAD TESTING

Every county in the Upper Peninsula has had high blood lead test results in young children over the last year, which shows lead poisoning and lead exposure is happening in our communities. Young kids are more at risk because they often put their hands in their mouths, chew on toys, and their bodies take in lead more easily.

Most kids with lead in their blood don't seem sick. But there is no safe amount of lead in the blood. The more lead someone has, the more serious health problems can happen.

Lower levels of lead in kids can result in:

- Lower IQ scores.
- Poor school performance.
- More issues with behavior and attention.
- Hearing problems.
- Kidney problems.

Higher levels of lead in kids can also result in:

- Anemia.
- Severe stomach pain, nausea, vomiting, diarrhea, and/or constipation.
- Muscle weakness or pain.
- Serious damage to the brain, nervous system, and kidneys.

All kids in Michigan should be tested for lead when they are one and two years old. Or, if they haven't been tested before, they should get tested by age six. Kids should be tested at any age if there are concerns about lead exposure. Medicaid covers blood lead testing for children.

Talk to your child's health care provider or local health department about getting a blood lead test at these ages or if you are worried about lead exposure. Learn more about lead and how to be lead safe by visiting Michigan.gov/MILeadSafe.

HEALTH AND WELLNESS PROGRAMS

UPHP has special programs to help you improve your health and keep you well. UPHP Clinical Coordinators can help you join a program. The following are UPHP's current wellness programs with Clinical Coordinator contact information.

Tobacco Cessation – Zak Linczeski at (906) 225-4654

Pregnancy Coordination – Laura McLain at (906) 225-7927

Keeping UP with Diabetes – Mary Walters at (906) 227-5691

If you need help contacting a Clinical Coordinator, please call UPHP Customer Service at 1-800-835-2556 (TTY: 711) Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free.

UNDERSTANDING YOUR CHILD'S VACCINE SCHEDULE

Health care professionals want parents to have clear information to help them confidently vaccinate their kids. Pediatricians in the U.S. strongly recommend following the vaccination schedule. To see the schedule, visit AAP.org/ImmunizationSchedule. Here are some common questions and answers to vaccine questions for caregivers:

Who decides which vaccines kids need?

Every year, experts in children's health decide which vaccines will best protect kids. They review the schedule based on the latest research. The Michigan Department of Health and Human Services (MDHHS) is currently using guidance from the American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), and American Academy of Family Physicians (AAFP) for vaccine recommendations.

How is the timing for the shots determined?

The timing for vaccines is based on two main factors. First, scientists determine the best age for a child's immune system to respond to a vaccine. Second, they aim to protect young children as early as possible, when they are most at risk for diseases.

Can vaccines be given over a longer period?

It's risky to leave your child unprotected for too long, as young children are vulnerable to serious diseases. Infants are often hospitalized due to these illnesses. The vaccination schedule is designed to match how a child's immune system grows at different ages. There's no proof that spacing out vaccines offers the same protection, and longer gaps could leave kids at risk for preventable diseases.

Do multiple shots overwhelm a child's immune system?

Children face many germs every day, and their immune systems are built to handle them. The number of germs, or antigens, they encounter (about 2,000 to 6,000) is much higher than what is found in vaccines. So, vaccines do not overwhelm their immune systems.

The vaccine schedule is based on solid research and expert advice to keep your child safe. By following the recommended schedule, you can help protect your child from serious diseases. Staying informed and talking with your child's health care provider are important for your child's health. Reach out to them to ensure your child is up to date on their vaccines and ask any questions you have.

Source: American Academy of Pediatrics. (2018, February 15). Child immunization schedule: Why is it like that? HealthyChildren.org. <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Child-Immunization-Schedule-Why-Is-It-Like-That.aspx>

MEMBER BILLS – DID YOU KNOW?

You will not have to pay any copayment or cost for covered services as long as your doctor is in-network with us.

- In-network is a word that is used to describe doctors who have agreed to work with UPHP.

If your doctor isn't in-network, you still may be able to see them by getting a prior authorization.

- Prior authorization is an arrangement that UPHP makes with your doctor to make an exception to provide you with certain services.

DO NOT PAY for any services that you think should be covered. We may not be able to pay you back.

If you have questions about whether you need a prior authorization or think you are being charged for something in error, please call UPHP Customer Service at 1-800-835-2556. They will be able to advise you on next steps and make sure that you are able to get the most out of your health care journey!

WHAT'S YOUR WHY? PROTECT YOURSELF AND OTHERS THIS FLU SEASON

This flu season, we are asking: What's your why?

- For your kids?
- Your parents?
- Your coworkers?
- Or maybe just for yourself—to stay healthy and keep doing what you love?

Whatever your reason, getting vaccinated helps protect more than just you. Everyone has a reason to get a flu vaccine.

What's your why?

Why the Flu Shot Matters

Getting your annual flu shot helps protect your community by:

- Reducing the strain on hospitals by keeping beds open.
- Keeping schools and workplaces running smoothly.
- Slows the spread of flu in crowded places.

The flu can cause severe illness, hospitalization and even death. Vaccination helps prevent outbreaks and protects vulnerable populations. Such as a grandparent, a baby too young to be vaccinated or a friend with a compromised immune system. It is a simple act with a big impact.

Get Your FREE Flu Shot

You can get vaccinated at:

- Provider's office.
- Pharmacy.
- Local health department.

Share Your Why

We would love to hear your reason for getting the flu vaccine!

If interested in sharing, please email FluFighters@uphp.com.

We will share your anonymous "Why" on social media (unless stated otherwise).

HELPFUL TIPS FROM THE TRANSPORTATION DEPARTMENT

Did You Know? We are here to help with your mileage and lodging reimbursement requests!

At the UPHP Transportation Department, our goal is to make sure your reimbursement requests are processed quickly and accurately, so funds are returned to you as soon as possible.

We understand that completing and submitting forms can sometimes be confusing, and we are always here to help if you have questions at any step of the process.

To help us process your reimbursement efficiently, please remember:

- Fill out all required information on your Mileage Reimbursement Request (MRR) form completely and clearly before submitting it. Missing or incomplete details, such as appointment dates, provider information or signatures may cause delays. If you are unable to obtain a signature from your provider, you can submit a copy of your "After Visit Office Summary" from your provider's office.
- Confirm prior authorization for out-of-network providers/appointments. When traveling to an out-of-network medical provider, it is the member's responsibility to ensure that a valid prior authorization is approved before the appointment takes place. This helps guarantee that your trip and mileage are eligible for reimbursement.
- Submit all appropriate receipts. To receive reimbursement for lodging or meals, an itemized receipt for meals and receipt/letter after your stay is required. Please note that a reservation confirmation is not considered a valid receipt and cannot be accepted for reimbursement.
- Timeframe for reimbursement submission. You do have a 12-month timeframe to submit all forms for reimbursement, however, submitting your material as soon as possible after your appointment allows us to process your reimbursement faster.

The Transportation team is always happy to assist!

853 W. Washington Street
Marquette, MI 49855

906-225-7500 • 1-800-835-2556

Fax 906-225-7690

www.uphp.com



MH_SI25WWinterNewsletter

NOTICE OF ACCESSIBILITY

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-349-9324 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-349-9324 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-349-9324 (TTY: 711) أو تحدث إلى مقدم الخدمة.

TEST YOUR HEP C IQ

Hepatitis C (Hep C) is a chronic liver infection, which can lead to serious health problems if left untreated. Assess your Hep C awareness below!

1. How is Hepatitis C most spread?

- A) Through the air
- B) Through contaminated food
- C) Through contact with infected blood

2. Is there a vaccine for Hepatitis C?

- A) Yes
- B) No

3. What is one way to prevent Hepatitis C infection?

- A) Avoid sharing needles
- B) Drink plenty of water
- C) Get enough sleep

How did you do? Check your answers below. Staying up to date on Hepatitis C guidelines helps you stay in control of your health. The Center for Disease Control and Prevention recommends one-time Hepatitis C screening for all adults 18+ and screening during each pregnancy. Ask your provider about a Hepatitis C blood test today.

Answers: 1. C 2. B 3. A