

# Preventive care guidelines

These screenings and immunizations are routinely recommended. Preventive services are based on recommendations from the U.S. Centers for Disease Control (CDC) and the U.S. Preventive Services Task Force (USPSTF). Talk to your doctor about what care is best for you — based on your personal and family history.

## Child Preventive Care

| Immunization                                       | Birth   | 1 m | 2 m | 4 m | 6 m   | 12 m                    | 15 m | 18 m | 24 m | 3 yrs | 4-6 yrs | 7-10 yrs | 11-12 yrs     | 15-18 yrs                   |
|--|---|-----|-----|-----|---|-------------------------|------|------|------|-------|---------|----------|---------------|-----------------------------|
| <b>Hepatitis B</b>                                 | •   | •   |     |     |   | •                       |      |      |      |       |         |          |               |                             |
| <b>Hepatitis A</b>                                 |   |     |     |     |   | 2 shots, 6 months apart |      |      |      |       |         |          |               |                             |
| <b>DTaP</b>  |   |     | •   | •   | •   |                         | •    |      |      |       | •       |          | Tdap          | Verify Tdap complete        |
| <b>Haemophilus Influenzae type b (Hib)</b>         |   |     | •   | •   | *   | •                       |      |      |      |       |         |          |               |                             |
| <b>Pneumococcal (PCV13)</b>                        |   |     | •   | •   | •   | •                       |      |      |      |       |         |          |               |                             |
| <b>Polio Virus (IPV)</b>                           |   |     | •   | •   |   | •                       |      |      |      |       | •       |          |               |                             |
| <b>Influenza (flu)</b>                             |   |     |     |     | CDC recommends children age 6 months to 10 years old receive two doses of the influenza vaccine the first year that they receive the vaccine and then one dose of the influenza vaccine every year afterward. |                         |      |      |      |       |         |          |               |                             |
| <b>MMR (MMRV)</b>                                  | Combined measles, mumps, rubella and varicella vaccine (MMRV) is preferred for children 12 months through 12 years of age instead of individual vaccines. |     |     |     |   | •                       |      |      |      |       | •       |          |               |                             |
| <b>Varicella (chickenpox)</b>                      |   |     |     |     |   | •                       |      |      |      |       | •       |          |               |                             |
| <b>Meningococcal</b>                               |   |     |     |     |   |                         |      |      |      |       |         |          | •             | Booster is needed at age 16 |
| <b>Human Papillomavirus (HPV - girls and boys)</b> |   |     |     |     |   |                         |      |      |      |       |         |          | 2-dose series | Verify HPV complete         |
| <b>Rotavirus</b>                                   |   |     | •   | •   | *   |                         |      |      |      |       |         |          |               |                             |

| Screening                   | 18 m | 24 m | 3 yrs | 4-6 yrs | 7-10 yrs | 11-12 yrs | 15-18 yrs   |
|-----------------------------|------|------|-------|---------|----------|-----------|---|
| <b>Chlamydia screening</b>  |      |      |       |         |          |           | Yearly for all sexually active women and girls age 24 years and younger |
| <b>Weight screening</b>     |      |      |       |         |          |           | Record height, weight, body mass index (BMI) and BMI percentile yearly. |
| <b>Depression screening</b> |      |      |       |         |          | •         | •   |

## Adult Preventive Care

| Immunization                                   | 19-39 yrs  | 40-65 yrs   | Over 65 yrs  |
|--|--|---|--|
| <b>Influenza (Flu)</b>                         | Get a flu shot every year during flu season to lower your risk of getting the flu.   |   |  |
| <b>Pneumococcal immunization</b>               |  |   | Starting at age 65, follow your doctor's immunization recommendations.                       |
| <b>Shingles (Herpes Zoster)</b>                |  | 2-dose series is recommended at age 50 or older.  |  |
| Screening                                      | 19-39 yrs  | 40-65 yrs   | Over 65 yrs  |
| <b>Blood pressure screening (Hypertension)</b> | Blood pressure check ages 18 and over, as determined by your doctor.   |   |  |
| <b>Breast cancer screening (Mammogram)</b>     |  | Mammogram every 1-2 years for women age 50-75 years. For women under age 50, talk to your doctor. |  |
| <b>Cervical cancer screening (Pap test)</b>    | From age 21 -29, every 3 years. For ages 30-65, every 5 years if combined with HPV testing.  |   | Stop screening at age 65-70 if adequate screening was carried out in the preceding 10 years. |
| <b>Chlamydia screening</b>                     | Yearly for sexually active women age 24 and younger. After age 24, talk to your doctor.  |   |  |
| <b>Colorectal cancer screening</b>             |  | The USPSTF recommends to start screening for all adults at age 45 and continue through age 75.    |  |
| <b>HIV Screening</b>                           | From ages 15-65.   |   |  |
| <b>Alcohol use screening</b>                   | If you use alcohol, talk to your doctor about your drinking habits and how they may affect your health.  |   |  |
| <b>Depression screening</b>                    |  |   |  |
| <b>Tobacco use screening</b>                   | If you use tobacco products, talk to your doctor about options to help you quit. For staying healthy, quitting the use of any tobacco product is the best step you can take. |   |  |
| <b>Weight screening</b>                        | Record height, weight and body mass index (BMI) yearly.  |   |  |

Preventive services are usually covered 100 percent. This means, you may pay nothing for these services when you're seen at a clinic in your plan's network. If you have questions about your plan's preventive coverage, check your plan documents or call Member Services at the number on the back of your member ID card for more help.

\*Your child may need three or four doses of Hib and two or three doses of Rotavirus depending on the manufacturer. Talk with your doctor for more information.