

## 2010 Preventive Care Guidelines

One of the most important steps you can take for your health is to schedule regular checkups. Use this schedule as a reference tool during discussions with your doctor to determine the best options specific to your needs. It is your responsibility to understand your company's benefit plan and coverage for preventive care. This schedule of preventive services is based on recommendations of numerous national organizations. This schedule is a partial list. For a complete list of preventive guidelines and their sources, visit the National Guideline Clearinghouse Web site at [www.guideline.gov](http://www.guideline.gov).

### Adult (age 19+) Preventive Schedule

General	
Physical Exams/Health Guidance	Annually
Blood Pressure Screening	Minimum once every two years if blood pressure is less than 120/80. Annually, if diastolic is 80-90 or systolic is 120-139 mmHg.
Pelvic Exam	Annually
Breast Exam by Practitioner	Every 3 years for women 20-39. Annually for women 40 and older.
Folic Acid	Women planning/capable of pregnancy take a daily supplement containing .4-.8 mg of folic acid for prevention of neural tube defects.
Aspirin Therapy	Men 45-79 and women 55-79 talk to your doctor about daily aspirin therapy for the prevention of first heart attacks in men and strokes in women.
Diagnostic Screenings	
Lipid Disorders (Cholesterol)	Every 5 years for men starting at age 35 regardless of risk and females at age 45 with risk factors. If you smoke or have diabetes, or heart disease runs in your family, start check at age 20.
Fasting Blood Glucose	Consult your doctor. If consistent blood pressure readings of 135/80 treated or untreated should be screened for Type 2 diabetes.
Mammogram	Every one to two years starting at age 40
Pap Test	Every 1-3 yrs if sexually active or older than 21. Beginning at age 30, and after 3 normal test results, screen every 2-3 yrs.
Chlamydia and other Sexually Transmitted Disease (STD) Screenings	If sexually active consult with doctor.
Bone Mineral Density Screening	Routinely for women starting at age 65 and for those age 60 and younger who are at increased risk for osteoporotic fractures. Men with risk factors consult your doctor.
Prostate Cancer Screening	Consult your doctor
Colorectal Cancer Screening	Regularly starting at age 50
Abdominal Aortic Aneurysm Screening	Consult your doctor
Immunizations*	
Diphtheria, Tetanus, Pertussis (TDAP)	Age 19+: Booster every 10 years
Measles, mumps, rubella (MMR)	Ages 19-49: 1 or 2 doses if no previous vaccination or prior infection. By doctor recommendation ages 50+: 1 dose
Varicella	Ages 19+: 2 doses if no previous vaccination or prior infection. Given 4 weeks apart
Influenza**	Ages 19+: 1 dose annually
Pneumococcal (polysaccharide)**	Ages 65+: 1 dose. By doctor recommendation for ages 19-64: 1-2 doses
Hepatitis A**	Ages 19+: 2 doses
Hepatitis B**	Ages 19+: 3 doses
Meningococcal**	Ages 19+: 1 or more doses
Human Papillomavirus (HPV)	Females ages 19-26: 3 doses (may be administered to females as young as 9 years)
Shingles (Zoster)	Ages 60+: 1 dose

\* Some immunizations are contraindicated for certain conditions, including pregnancy and HIV infection. Consult Center for Disease Control (CDC) at [www.cdc.gov](http://www.cdc.gov) for a complete list, and discuss with your physician.

\*\* For select populations. Details on recommendations may be found on the CDC Web site at [www.cdc.gov](http://www.cdc.gov).

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## Children & Adolescents (Birth – 18 years of age) Preventive Schedule

See complete list of footnotes and details regarding child immunizations on the CDC Web site at [www.cdc.gov](http://www.cdc.gov), and discuss with your physician.

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Wellness exam			•	•	•	•		•	•	— • — (Annually)				
Vision Screening			•	•	•	•		•	•	— • — (Annually)				
Blood Pressure														• (age 18)
<b>Immunizations*</b>														
Hepatitis A								— • —			— • — (High Risk Groups**) 2 doses 6months apart			
Hepatitis B	•	— • —				— • —					— • — (7-18yrs) (If not previously vaccinated)			
Diphtheria, Tetanus, Pertussis (DTaP)			•	•	•		— • —			•	• (Tdap)	— • — (If not previously vaccinated)		
Haemophilis influenzae type b			•	•	•	— • —								
Inactivated Poliovirus			•	•		— • —				•	— • — (7-18yrs) (If not previously vaccinated)			
Measles, mumps, rubella (MMR)						— • —				•	— • — (7-18yrs) (If not previously vaccinated)			
Varicella						— • —				•	— • — (7-18yrs) (If not previously vaccinated)			
Meningococcal										— • — (High Risk Groups**) 2-10yrs	•	— • — (7-18yrs) (If not previously vaccinated)		
Pneumococcal			•	•	•	— • —					— • — (High Risk Groups**)			
Influenza										— • — (Annually)				
Rotavirus <i>If Rotarix used for 2 and 4 month dose no 6mos needed</i>			•	•	•									
HPV <i>Given as a 3-dose series. Can be given as early as 9 yrs.</i>											•	— • — (If not previously vaccinated)		

— • — Represents a range of recommended ages

Care for patients with risk factors: Appropriate testing should be done at the doctor's discretion, based on family history and personal risk factors.

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