# Preventive health guidelines

Take steps toward a healthier future by making preventive care a priority. Your health plan covers certain preventive screenings, wellness exams, and vaccinations to help find potential health issues early and keep you and your family healthy.

While the following guidelines provide examples of various preventive services, they may not mention every service that's available to you. It's important to talk to your doctor about which exams, screenings, and vaccines are right for you and your family, so you can develop a personalized care plan.

These guidelines are based on recommendations and requirements from health experts, including:

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics Bright Futures (AAP)
- Advisory Committee on Immunization Practices (ACIP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Cancer Society (ACS)
- Centers for Disease Control and Prevention (CDC)
- U.S. Preventive Services Task Force (USPSTF)



Keep in mind, coverage of preventive services varies by health plan, so your plan may not pay for all the services and screenings listed here.

To find out what your plan covers, you can:

- Visit anthem.com/ca.
- Call the Member Services number on the back of your health plan ID card.
- Check your member handbook.



# Well-baby and well-child exams

## Well-baby exam — birth to 2 years

Infants should be seen by a doctor at birth and again at the following ages, or as their doctor suggests:

3 to 5 days

2 months

6 months

• 12 months

• 18 months

2 weeks to 1 month
4 months

• 9 months

15 months

• 24 months

If your child leaves the hospital less than 48 hours after birth, they need to be seen by a doctor 2 to 4 days after being born.

Well-baby visits may include a physical exam, vaccinations, and age-appropriate tests and screenings like those in the chart below. Your child's doctor may also talk to you about:

- Nutrition and feeding.
- Newborn care, safety, and development.
  Your and your family's health and well-being.
  - Minimizing exposure to ultraviolet (UV) radiation.

## Age to receive screening (in months)

Screening	Birth	1	2	4	6	9	12	15	18	24
Weight, length, and head measurement	At each	At each visit								
Body mass index (BMI) percentile										At 24 months
Newborn metabolic disorders, such as PKU (the body's inability to break down protein), sickle cell (an inherited blood disorder), and thyroid issues	Bilirubir (checks jaundic									
Critical congenital heart defect (birth defects of the heart)	At birth									
Development — brain, body, and behavior	At each	visit								
Hearing	Screen i	in the ho	spital a	fter birth o	and at e	ach visit	- -			
Vision	At each	visit								
Oral/dental health							Referral to a primary care dentist, if needed, starting at 6 months. Begin yearly dental exams starting at 12 months.  Fluoride varnish when teeth start coming in. Fluoride prescription based on your drinking			
							water (from 6 to 24	months	5).	
Hemoglobin or hematocrit (blood count)				Check for risks.			Screen at 12 months and check for risks as the doctor suggests.			
Hepatitis B	Check f	or risks	at each	visit.						
Lead tests							At 12 and 24 months. suggests.	Check	for risks as	the doctor
Autism (a condition that affects communication and social skills)									At 18 months	At 24 months
Maternal postpartum depression		Screen 6 mon	at baby th visits.	/'s 1, 2, 4, aı	nd					
Blood pressure	Check for risks at each visit.									
Lipid disorder (cholesterol)										Check for risk at 24 months.
Tuberculosis	Check fo	Check for risks and test as the doctor suggests.								

Note: Treatment with an eye ointment is recommended at birth for all infants to prevent any infection passed by the mother during delivery.

# Well-baby exam — ages 2½ years to 10 years

Depending on your child's age, well-child visits may include a physical exam, vaccinations, and ageappropriate screenings like those on the chart below. Their doctor may also talk to you about:

- Promoting healthy nutrition.
- Exercise, growth, safety, and healthy habits. Family and home living issues.
- Any learning or school issues.

- Emotional and mental health.
- Minimizing exposure to UV radiation.

## Age to receive screening (in years)

Screening	2½	3	4	5	6	7	8	9	10	11
Height, weight, and BMI percentile	Each yea	Each year								
Development — brain, body, and behavior	Each yea	ach year								
Vision	Each yea	ır								
Hearing		Check for risks at each visit.  Screen at each visit.								
Anxiety	Screen each year starting at age 8.							ıge 8.		
Lipid disorder (cholesterol problems)	Check fo	Check for risks each visit.  Once between ages 9 and 11						s 9 and 11		
Oral/dental issues		Dental exams each year. Fluoride varnish on the teeth when the dentist suggests (between 2 ½ and 5 years). Fluoride prescription based on your drinking water (between 2 ½ and 10 years).								
Hemoglobin or hematocrit (blood count)	Check fo	Check for risks at each visit.								
Blood pressure risk assessment	Each year starting at age 3. Check for risks before age 3.									
Lead testing	Check for risks each year through age 6.									
Tuberculosis	Check for	risks and	d test as th	ne doctor s	uggests.					



### Well-child to young adult exam — ages 11 to 20 years

These visits may include vaccinations and age-appropriate screenings, in addition to a full-body exam. Depending on your child's age, their doctor may also discuss:

- Growth and development, such as oral hygiene habits, body image, healthy eating, physical activity, and sleep.
- Emotional well-being, including mood control and overall mental health.
- Safe sex, especially reducing the risk of sexually transmitted infections and diseases (STIs and STDs) and unplanned pregnancy.
- Substance use, including the use of alcohol, tobacco, e-cigarettes, and prescription or illegal drugs.

- School performance.
- · Family and home living issues.
- General safety, such as seat belt and helmet use.
- Firearm safety, if they are regularly around guns.
- Intimate partner violence.
- Minimizing exposure to UV radiation.

	44	40	4=		4.5		47	40	40	
Screening	11	12	13	14	15	16	17	18	19	20
Height, weight, and BMI*	Percentile to ag	Percentile to age 19, then BMI each year								
Development — brain, body, and behavior	Each year									
Depression and suicide risk		Screen	each yea	ar startin	g at age	12.				
Anxiety	Each year									
Blood pressure	Each year									
Vision	Each year									
Hearing		Screen with audiometry, once between ages 11 and 14, once between ages 15 and 17, and once between ages 18 and 21.								
Oral/dental health	Referral to a de (ages 11 to 16).	Referral to a dentist each year. Fluoride prescription based on your drinking water (ages 11 to 16).								
Hemoglobin or hematocrit (blood count)	Check for risks	Check for risks each year.								
Gonorrhea and chlamydia	Screen each ye	ar starti	ng at ag	ge 11, if s	exually	active.				
Syphillis	Screen in those	at increa	sed risk	of infect	on.					
Human immunodeficiency virus (HIV)					screene	ed if they	have risk	factors for H	ger than 18 HIV infectior osure propl	
Lipid disorder (cholesterol)	Screen once between ages 9 and 11.	Check for	or risks e	ach yea	·.		Screen o	nce betwe	en ages 17 (	and 21.
Substance use disorder and tobacco addiction	Check for risks e	Check for risks each year.								
Tuberculosis	Check for risks	Check for risks each year and test as your doctor suggests.								
Hepatitis C	Check for risks each year.  Screen once between ages 18 and 79.							n		
Hepatitis B	Check for risks e	each year	r. Screen	if at incr	eased ris	sk of infe	ction.			
Sudden cardiac arrest/death	Check for risks e	each year	r.							

<sup>\*</sup> Height and weight are used to find BMI. BMI is used to see if a person has the right weight for their height or is under or overweight for their height. BMI percentile is used in children ages 2 to 19 to identify where a child falls in relation to other children.

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# Adult screening — women

#### **Yearly wellness visits**

During your annual visit, your doctor may perform or recommend certain screenings based on your age or medical history, including those on the chart below. Your doctor may also talk to you about:

- Diet and physical activity.
- Mental health, including depression.
- Oral and dental health.
- Tobacco use or how to quit.
- Avoiding secondhand smoke.
- Substance use, including the use of alcohol and prescription or illegal drugs.
- Skin cancer risks.
- Intimate partner violence.
- Minimizing exposure to UV radiation.

- Family planning, including:
  - Safe sex (counseling may be provided to prevent STIs in adults at increased risk).
  - Birth control to help avoid unplanned pregnancy.
  - Spacing out pregnancies to have the best birth outcomes.
  - Folic acid supplements for women of childbearing age.
- Importance of exercise in adults over age 65 in preventing falls.

Keep in mind, the following recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.<sup>1</sup>

Screening	When to receive screening
Height, weight, and BMI <sup>2</sup>	Screen each year or as your doctor suggests. Women with a high BMI (30 or more) should be offered intensive weight loss interventions to help increase exercise and improve eating habits.
Blood pressure	Screen each year or as your doctor suggests. Recheck high readings at home.
Cardiovascular (CVD) risk assessment	Screen as your doctor suggests between ages 40 and 75. Women at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine). Lipid screening may be required to assess risk.
Glucose screening for type 2 diabetes	Screen as your doctor suggests from ages 35 to 70, especially if overweight or obese. Individuals with high blood sugar should talk to their doctor about intensive counseling interventions to promote a healthy diet and physical activity.
Osteoporosis	The test to check how dense your bones are should start no later than age 65; women at menopause should talk to their doctor about osteoporosis and have the test when at risk.
Depression and suicide risk	Each year
Anxiety	Each year up to age 65
Breast cancer risk	Screen as your doctor suggests if 35 years or older and at increased risk. Women who are at increased risk for breast cancer and at low risk for adverse medication effects should be offered risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors.
Mammogram <sup>3</sup>	Each year from ages 40 to 65+. Consider screening every 2 years from ages 50 to 74.
BRCA gene risk assessment	Screen as doctor suggests in women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations.
Cervical dysplasia	Receive regular Pap tests beginning at age 21. Talk to your doctor about how often you should be screened and for how long.
Cervical cancer: 21 to 29	Receive a Pap test every three years.
Cervical cancer: 30 to 65	Receive a Pap test every three years or HPV testing alone or in combination with Pap test (co-testing) every five years.



Screening	When to receive screening
Cervical cancer: 65+	Stop screening at age 65 if last three Pap tests or last two co-tests (Pap plus HPV) within the previous 10 years were normal. If there is a history of an abnormal Pap test within the past 20 years, discuss continued screening with your doctor.
Colorectal cancer	At age 45 and continuing until 75, your doctor may suggest any one of these test options:  • Direct visualization tests  - Colonoscopy  - CT colonography  - Flexible sigmoidoscopy  • Stool-based tests  - Fecal immunochemical test (FIT)  - Guaiac-based fecal occult blood test (gFOBT)  - Multi-targeted stool DNA test (FIT-DNA)
Lung cancer (low-dose computed tomography (LDCT))	Screen beginning at age 50 for those with a 20-pack-per-year smoking history and currently smoke or have quit within the past 15 years.
Hepatitis B	Screen if at increased risk for infection.
Hepatitis C	Screen once between the ages of 18 and 79.
Gonorrhea and chlamydia	Sexually active women aged 24 and under. Women over age 25, if at increased risk of infection.
Syphilis	Screen if at increased risk of infection.
Human immunodeficiency virus (HIV)	Screen as your doctor suggests between ages 19 and 60. People at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Tuberculosis	Screen for latent infection if at increased risk.

- 1 Caughey AB, Krist AH, Wolff TA, et al: USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services. JAMA. (November 16, 2021): pubmed.ncbi.nlm.nih.gov/34694343.
- 2 Height and weight are used to check body mass index (BMI). Checking someone's BMI helps determine if they are a healthy weight for their height, or if they are under or overweight.
- 3 Women should talk to their doctor and make a personal choice about the best age to start having mammograms and possibly screen every two years when older.

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# **Pregnancy**

Within the first three months of pregnancy, it's important to visit a doctor to set up a prenatal care plan. At each prenatal visit, your doctor will check your and your baby's health. They may also talk to you about:

- What is safe to eat during pregnancy.
- How to safely exercise while pregnant.
- Avoiding tobacco, drugs, alcohol, and other substances.
- Breastfeeding and how to access lactation supplies and services after delivery if needed.

# **Testing for you**

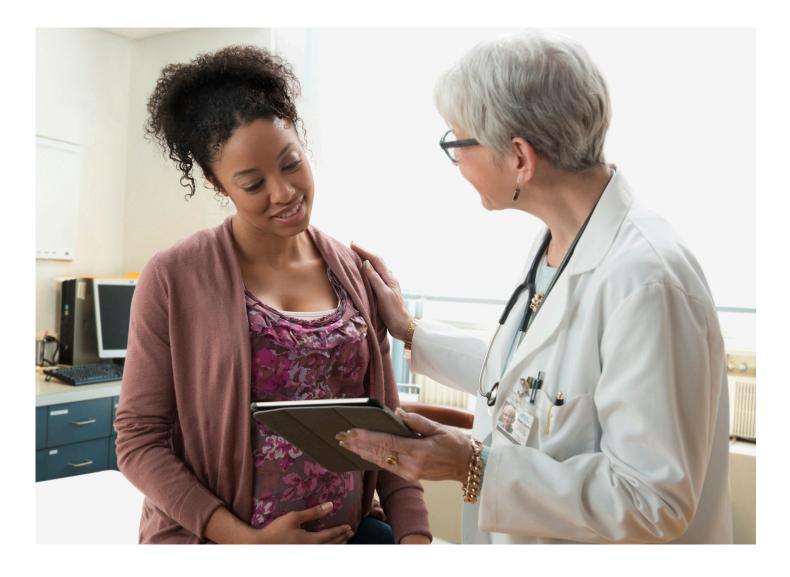
Your doctor may recommend the following tests and preventive screenings during pregnancy:

- Depression and suicide risk screenings (during and after pregnancy)
- Gestational diabetes screening at 24 weeks or later
- Preeclampsia\* screening (to test for high blood pressure during pregnancy)
- Hematocrit/hemoglobin (blood count)
- Rubella immunity (to determine if you need the rubella vaccine after delivery)
- Rh(D) blood type and antibody testing (to see if your blood type and your baby's blood type are compatible). If you are Rh(D) negative, you may need to repeat this test between 24 and 28 weeks.
- Hepatitis B screening (recommended at first prenatal visit)
- HIV screening if your HIV status is unknown, including those who present in labor or at delivery. Individuals at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
- Syphilis
- Urine for asymptomatic bacteriuria

#### Testing for your baby

The following tests and others can check your baby for health concerns before they're born. Which tests you need and when you need them depend on your age as well as your medical and family history. Talk to your doctor about which tests you may need, what the results say about your baby, and the possible risks associated with each test.

- Amniocentesis (an ultrasound and testing of the fluid surrounding your baby)
- Cell-free DNA (a blood test to check for chromosomal abnormalities in the baby)
- Chorionic villus sampling (checks for birth defects)
- Ultrasound tests (to look at the baby in the womb). During the first three months, these are done along with blood tests to check the baby for chromosomal abnormality risk.



## **Vaccines**

It's best to receive most vaccines before pregnancy. However, certain vaccines are recommended during pregnancy to boost your and your baby's immunity, including:

- **Flu**: If you are pregnant during flu season (October through March), your doctor may want you to get the inactivated flu shot.
- **Tdap**: Pregnant teens and adults need a Tdap vaccine during each pregnancy. It's best to receive the vaccine between weeks 27 and 36 of pregnancy, although it may be given at any time.
- **Respiratory syncytial virus (RSV)**: Depending on the season, your doctor may recommend one dose of this vaccine between 32 and 36 weeks.

You should not get the following vaccines while pregnant:

- Measles, mumps, rubella (MMR)
- Varicella (chickenpox)

<sup>\*</sup> If you have a high risk of preeclampsia, your doctor may recommend taking a low-dose aspirin to prevent other problems while you are pregnant.

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# Adult screening — men

## Yearly wellness visits

During your annual visit, your doctor may perform or recommend certain screenings based on your age or medical history, including those on the chart below. Your doctor may also talk to you about:

- Diet and physical activity.
- Mental health, including depression.
- · Oral and dental health.
- Tobacco use or how to quit.
- Avoiding secondhand smoke.
- Substance use, including the use of alcohol and prescription or illegal drugs.
- Skin cancer risks.
- Intimate partner violence.

- Family planning, including:
  - Safe sex (counseling may be provided to prevent STIs in adults at increased risk).
  - Preventing unplanned pregnancy with a partner.
- Minimizing exposure to UV radiation.
- Importance of exercise in adults over age 65 in preventing falls.

Keep in mind, the following recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.<sup>1</sup>

Screening	When to receive screening
Height, weight, and BMI <sup>2</sup>	Screen each year or as your doctor suggests. Men with a high BMI (30 or more) should be offered intensive weight loss interventions to help increase exercise and improve eating habits.
Abdominal aortic aneurysm (enlarged blood vessels in the abdomen)	Screen once between ages 65 and 75 if you have ever smoked.
Blood pressure	Screen each year or as your doctor suggests. Recheck high readings at home.
Cardiovascular (CVD) risk assessment	Screen as your doctor suggests between ages 40 and 75. Men at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine). Lipid screening may be required to assess risk.
Colorectal cancer	From ages 45 to 75, your doctor may suggest one or more of these test options:  • Direct visualization tests  - Colonoscopy  - CT colonography  - Flexible sigmoidoscopy  • Stool-based tests  - Fecal immunochemical test (FIT)  - Guaiac-based fecal occult blood test (gFOBT)  - Multi-targeted stool DNA test (FIT-DNA)

Caughey AB, Krist, AH, Wolff TA, Barry MJ, Henderson JT, Owens DK, et al: *USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services*. JAMA (November 16, 2021): pubmed.ncbi.nlm.nih.gov/34694343.

2. Height and weight are used to check body mass index (BMI). Checking someone's BMI helps determine if they are a healthy weight for their height, or if they are under or overweight.



Screening	When to receive screening
Glucose screening for type 2 diabetes	Screen as your doctor suggests from ages 35 to 70, especially if overweight or obese. Individuals with high blood sugar should talk to their doctor about intensive counseling interventions to promote a healthy diet and physical activity.
Hepatitis C	Screen once between the ages of 18 and 79.
Hepatitis B	Screen if at increased risk for infection.
HIV	Screen as your doctor suggests between ages 19 and 65. Older adults should be screened if at increased risk of infection. Men at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Syphilis	Screen if at increased risk of infection.
Prostate cancer	From ages 55 to 69, talk with your doctor about the risks and benefits of prostate cancer tests.
Lung cancer (with low-dose computed tomography (LDCT))	Start screening at age 50 if you have a 20-pack-per-year smoking history and currently smoke or have quit within the past 15 years.
Tuberculosis	Screen for latent infection if at increased risk.
Depression and suicide risk	Each year
Anxiety	Each year up to age 65

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# Suggested vaccine schedule

Vaccine	Birth	1 to 2 months	2 months	4 months	6 months	6 to 12 months	12 to 15 months		
Respiratory syncytial Virus (RSV)				✓					
Hepatitis A							√2-dose series		
Hepatitis B	✓	✓		✓		✓			
Rotavirus			√2- or 3-dose	e series					
Diphtheria, tetanus, pertussis (DTaP)			✓	✓	✓				
Tetanus, diphtheria, pertussis (Td/Tdap)									
Haemophilus influenza type b (Hib)			√3 to 4 dose	s; first dose at	2 months, last	dose at 12 to 1	5 months		
Influenza (flu)					✓ Suggested each year from 6 months to 65+ years of age;				
COVID-19					√Vaccination	n recommende	ed for		
Pneumococcal conjugate (PCV)			$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$		
Pneumococcal polysaccharide (PCV15, PCV20, PPSV23)									
Measles, mumps, rubella (MMR)							<b>√</b>		
Inactivated polio virus (IPV)			✓	✓		✓			
Human papillomavirus (HPV)									
Meningococcal									
Varicella (chickenpox)							<b>√</b>		
Zoster									

**Respiratory syncytial virus (RSV)**: Recommendations for infants depend on maternal RSV vaccination status, when they were born, and individual risk factors.

**Hepatitis A (ages 2 to 18)**: A two-dose series given between 12 and 23 months, with 6 to 18 months between doses. If you or your child has never had this vaccine, talk to your doctor about catching up.

**Hepatitis B**: The first dose should be given within 24 hours of birth. Children may receive an extra dose (four-dose series) at 4 months if the combination vaccine is used after initial dose. Individuals over 60 should discuss potential vaccination with their doctor.

**Rotavirus (RV)**: Consists of a two- or three-dose series (depending on the brand of vaccine used).

**Tdap (children through adults)**: If you or your child (age 7 or older) never received this vaccine, talk to your doctor about a catch-up vaccine.

**Haemophilus influenza type b (Hib)**: Depending on the brand of vaccine, children should receive a three- or four-dose series.

**Influenza (flu)**: Visit **cdc.gov/flu** to learn more about this vaccine. Children 6 months to 8 years getting the vaccine for the first time should receive two doses four weeks apart.

**COVID-19:** For information on the current COVID-19 vaccination schedule and dosage details, visit **cdc.gov/covidschedule**.

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For additional information about vaccines, visit cdc.gov/vaccines.

15 to 18 months	19 to 23 months	4 to 6 years	11 to 12 years	13 to 18 years	19 to 59 years	60 to 64 years	65+ years	
`								
√ between 12 and 23 r								
					✓			
✓		✓						
			<b>✓</b>		✓ Every 10 years			
✓ two dose receiving th	s at least four v ne vaccine for tl	veeks apart are he first time	e recommende	d for children b	etween 6 months an	d 8 years who are	9	
✓ those 6 r	nonths to 65 ye	ars. Speak to yo	our doctor abo	ut frequency a	nd dosage.			
							✓	
		<b>√</b>			√1 to 2 doses deper on risk factors	nding		
		✓						
			✓ 2- or 3-dose	e series				
			MenACWY: Ages 11 to 12, bo MenB: Ages 16 to 23		ooster at 16		✓	
		✓			√2-dose series		✓	
					✓ 2-dose series for ages 50+; 2 to 6 months apart			

**Pneumococcal (PCV15, PCV20, PPSV23)**: Adults age 65 and older who have never received PCV, or whose history is unknown, should follow the recommended schedule. If you previously had a PSV13 vaccination, ask your doctor what dose is best for you.

**Measles, mumps, rubella (MMR)**: Teens and adults should be up to date on their MMR vaccines. Number of doses will depend on individual risk factors.

**Inactivated polio virus (IPV)**: Children should receive four doses of this vaccine between 2 months and 6 years old.

**Human papillomavirus (HPV)**: Children who are 11 to 12 years old receive two doses at least six months apart. (The series can start at age 9.) Those who start the series later (ages 15 to 26) need three doses to protect against cancer-causing HPV infection.

Adults aged 27 to 45 should talk to their doctor to see if an HPV vaccine is right for them.

**Meningococcal**: For healthy teens who are not high risk, two doses of MenA,C,W,Y should be given. Vaccination is also recommended for children and adults at increased risk. Timing is based on the brand of vaccine, the age the first dose was given, and individual risk factors. Those aged 16 to 23 who are not high risk should discuss the MenB vaccine with their doctor.

**Varicella (chickenpox)**: For children who have not had chickenpox. Two doses may also be recommended for adults born after 1980. They should talk to their doctor for a recommendation.

**Zoster**: Two doses of the Shingrix (HZ/su) vaccine, given 2 to 6 months apart, is recommended for adults aged 50 and older, including those who previously received the Zostavax (shingles) vaccine.





Learn more about your plan and what services it covers by downloading the Sydney<sup>SM</sup> Health mobile app or visiting anthem.com/ca.

For additional information on various health and wellness topics, visit our blog at anthem.com/ca/blog/.

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