



Horizon Blue Cross Blue Shield of New Jersey



Living

Preventive Health Guidelines

Pediatric & Adult



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Preventive Health Guidelines

You may use this brochure as your guide for getting and staying healthy. Horizon Blue Cross Blue Shield of New Jersey encourages you to discuss these guidelines with your doctor and use them in planning to get preventive care services that are appropriate for you and your family. Always discuss your particular preventive care needs with your doctor. Please check with your benefits administrator or your Horizon BCBSNJ member materials for information about your preventive coverage. You can also call Member Services at the toll-free number on the back of your Horizon BCBSNJ member ID card or visit [HorizonBlue.com](https://www.horizonblue.com).

These preventive health guidelines are based on recommendations from the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, U.S. Preventive Services Task Force, American College of Obstetricians and Gynecologists, American Academy of Pediatrics and other nationally recognized authorities, available at the time of publication. These preventive health guidelines are a general guide intended to be used for educational purposes only. These guidelines are continually reviewed and updated and are subject to change.

For Adults:

Physical exams are an important part of preventive care. Be sure to schedule regular exams with your doctor and consult with him or her about additional screenings, examinations and immunizations that may be appropriate for you.

For Children:

Talk to your child's doctor about specific recommendations for your child. This may include preventive care services that include laboratory screenings. Please refer to your benefits materials for specific coverage information.

There are recommended immunization catch-up schedules for children and adolescents who start late or fall behind on their immunizations. There is usually no need to restart a vaccine series, regardless of the time that has elapsed between doses. Your child's doctor can provide guidance in this area.

For more information, please visit the Centers for Disease Control and Prevention (CDC) at [cdc.gov](https://www.cdc.gov). For immunization charts in English and Spanish, visit the CDC's National Immunization Program at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

Birth to Age 18 Years

Newborn assessment: At birth. Performed in the hospital.

Well-baby exam: Within three to five days of birth and within 48 to 72 hours after hospital discharge. At 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months of age. During these visits, your child's doctor will review your child's medical history; growth and developmental milestones; perform a complete physical exam to include height, weight, body mass index (starting at age 2 years) and head circumference measurement; assess nutritional needs and elimination patterns; and provide counseling and anticipatory guidance.

Well-child/adolescent exam: Annually for ages 3 to 18 years. During these visits, your child's doctor will review your child's medical, growth and developmental history; perform a complete physical exam to include height, weight, body mass index and blood pressure; assess diet, exercise and physical activity, sleep and nutritional needs; assess school and social history; and provide counseling and anticipatory guidance.

In addition to the general advice on health and development, members may receive the following immunizations and screenings, depending on clinical presentation, age and doctor assessment.

Immunizations

Diphtheria, Tetanus and Acellular Pertussis (DTaP): First dose at age 2 months; second dose at age 4 months; third dose at age 6 months; fourth dose between ages 15 and 18 months. Children between ages 4 and 6 years should receive a fifth dose (final dose in the DTaP series).

Haemophilus Influenza Type B (Hib): First dose at age 2 months; second dose at age 4 months; third dose at age 6 months; fourth dose between ages 12 and 15 months.

Hepatitis A (Hep A): For children at age 1 year. Two doses should be administered at least six months apart. Also for children and adolescents in select states and regions and for certain high-risk groups who have not been immunized against hepatitis A. Hepatitis A immunizations also can be given to those children for whom immunity is desired. Children can begin the hepatitis A immunization series during any visit.

Hepatitis B (Hep B): First dose soon after birth before discharge from hospital; second dose between ages 1 and 2 months; third and final dose no earlier than age 6 months. All children and adolescents who have not been immunized against hepatitis B should begin the hepatitis B immunization series at any visit.

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Birth to Age 18 Years *(continued)*

Human Papillomavirus (HPV): For all children ages 11 to 12 years; the vaccination series can be started at age 9 years. Administered in a three-dose schedule with the second dose administered one to two months after the first and the third dose given six months after the first dose (at least 24 weeks after the first dose). If not previously vaccinated, all adolescents at age 13 through 18 years should receive the vaccine series. Females may receive either HPV2 or HPV4. Males should receive the HPV4. Administered in a three-dose schedule with the second dose administered one to two months after the first dose and the third dose given six months after the first dose (at least 24 weeks after the first dose).

Inactivated Poliovirus (IPV): First dose at age 2 months; second dose at age 4 months; third dose between ages 6 and 18 months. The final dose in the series should be administered on or after a child turns age 4 years, and at least six months following the previous dose. If four or more doses are administered prior to age 4 years, an additional dose should be administered between ages 4 and 6 years. If both oral polio vaccine (OPV) and IPV were administered as part of a series, a total of four doses should be administered, regardless of the child's current age.

Measles, Mumps, Rubella (MMR): First dose between ages 12 and 15 months. Second dose between ages 4 and 6 years. If not previously vaccinated, administer two doses of MMR, or the second dose for those who have received only one dose. The minimum interval between doses is four weeks.

Meningococcal Conjugate vaccine (MCV): For children ages 9 months to 10 years who have certain medical conditions and other groups at high risk. Administer one dose between ages 13 to 18 years if not previously vaccinated. Adolescents who received their first dose between ages 13 and 15 years should receive a booster dose between ages 16 and 18 years.

Pneumococcal Conjugate vaccine (PCV): For all children younger than age 5 years. First dose at age 2 months; second dose at age 4 months; third dose at age 6 months; fourth dose between ages 12 and 15 months. All healthy children between ages 24 and 59 months who are not completely vaccinated for their age should receive one dose of PCV. A single supplemental dose of PCV13 is recommended for all children ages 14 through 59 months who have received an age-appropriate series of PCV7.

Pneumococcal Polysaccharide vaccine (PPSV): Children ages 2 years or older who have certain underlying medical conditions, including cochlear implants, should receive PPSV at least eight weeks after the last dose of PCV.

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Birth to Age 18 Years *(continued)*

Rotavirus: First dose at age 2 months; second dose at age 4 months; third dose at age 6 months. Children should receive the first dose of the vaccine between ages 6 and 14 weeks. Children should receive all three doses of the vaccine by age 8 months.

Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap): At ages 11 to 12 years for those who have completed the DTP/DTap vaccination series and not received a Td booster dose. Booster every 10 years. Children ages 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Adolescents ages 11 through 18 years who have not received the Tdap dose between ages 11 and 12 years should receive a dose followed by Td booster doses every 10 years thereafter. Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

Varicella (chicken pox): First dose between ages 12 and 15 months. Children should receive a second dose between ages 4 and 6 years. The second dose may be administered before age 4 years, as long as it has been at least three months since the first dose.

Yearly Influenza vaccine: Everyone ages 6 months and older.* Two doses given at least four weeks apart are recommended for children ages 6 months through 8 years who are getting a flu vaccine for the first time. Children who only received one dose in their first year of vaccination should get two doses the following year.

Screenings

Anticipatory guidance/counseling: Your child's doctor will discuss with parent(s) and/or caregiver(s), as appropriate, topics that include at a minimum: postpartum depression, nutrition, oral health, sleep position, development, poison-proofing home; how to avoid falls, drowning, burns, choking, suffocation, other injuries; bicycle safety, physical activity, helmets and other accident prevention/safety precautions; use of car and booster seats and seat belts; violent behaviors and firearms; sexually transmitted diseases, human immunodeficiency virus (HIV) and family planning; tobacco, alcohol and drug use. For ages 13 to 18 years, recommendation or discussion of medication to assist with quitting alcohol and drug use, depression, suicide prevention; body piercing and tattooing.

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Birth to Age 18 Years *(continued)*

Cholesterol: Risk assessment to be performed with appropriate action to follow if necessary ages 13 through 18 years.

Dental health: One to two times per year or as recommended by dentist. Persons ages 13 to 18 years should floss and brush with fluoride toothpaste twice a day.

Diabetes: Testing should be done every three years for children at risk of developing diabetes.

Documentation of developmental stage or history: As appropriate for age and/or symptoms.

Gross and fine motor skills: Minimum of two recordings of gross and/or fine motor skills assessment. Evaluation to be performed at ages 9, 18 and 30 months.

Hearing: Screening is done at birth, prior to discharge from any hospital or birthing facility or no later than age 1 month, followed by risk assessment and evaluation to be performed at all well visits. If it is determined that the child has hearing problems, appropriate action to follow. Next formal evaluation at age 4 years. Risk assessment and evaluation with appropriate action to follow, if necessary at ages 13 through 18 years.

Hemoglobin or Hematocrit (Hgb/Hct): Risk assessment to be performed at ages 4, 18 and 24 months. Test at age 12 months with appropriate action to follow if required. Risk assessment to be performed with appropriate action to follow if necessary at ages 13 through 18 years.

High-risk screenings and reports for infectious diseases, sensory deficits and child abuse: Can be done at all well visits from birth up to age 30 months. At all well visits as appropriate for age and/or symptoms.

Lead: All children between 12 months and 3 years should be screened annually for lead poisoning. Children who are exposed to a known or suspected lead hazard should also begin screening at age 6 months.

Oral health/fluoride assessment: By age 6 months, consult with your doctor on fluoride availability in local water supply and other foods and beverages prepared with fluoridated water. Doctor will prescribe supplementation if necessary.

Phenylketonuria (PKU), sickle cell anemia, hemoglobinopathies, hypothyroidism assessment: At birth to age 2 months.

Sexually Transmitted Diseases (STDs) including chlamydia, screening: Risk assessment to be performed with appropriate action to follow if necessary at ages 11 through 21 years. All sexually active patients should be screened for sexually transmitted diseases.

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Birth to Age 18 Years *(continued)*

Testicular exam: Monthly self-exam for males age 13 to 18 years; annually by a health care professional.

Tuberculosis: Can be done at ages 1, 6, 12, 18 and 24 months for infants at high risk.

Tuberculin screening: Risk assessment to be performed annually between ages 13 and 18 years with appropriate action to follow if required.

Vision status: Assess newborn before discharge or at least by age 2 weeks. Risk assessment and evaluation to be performed at all well visits and continue until next formal evaluation at age 3 years. Test at ages 3 through 6, 8, 10 and 12 years with risk assessment and evaluation with appropriate action to follow, if needed at ages 7, 9 and 11 years or as the child's doctor advises for suspected problems. Screen all children ages 3 to 5 years for the presence of amblyopia, or lazy eye, and its risk factors. Risk assessment and evaluation to be performed at ages 13, 14, 16, and 17 years. Visual acuity test at age 18 years. Appropriate action to follow, if necessary.

Weight, height, body mass index and blood pressure: The U.S. Preventive Services Task Force recommends that clinicians screen children ages 6 years and older for obesity and offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. Annually at wellness visit.

Weight, length and head circumference: Perform and document on growth chart annually at each well visit for children from birth to age 2 years. The U.S. Preventive Services Task Force recommends that clinicians screen children ages 6 years and older for obesity and offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Ages 19 Years And Older

Well-person visits: Annually for ages 19 years and older. In addition to general health advice, you may receive the following immunizations and screenings, depending on clinical presentation and doctor assessment.

Immunizations

Hepatitis A (Hep A): Certain high-risk groups and any person seeking protection from the hepatitis A virus.

Hepatitis B (Hep B): Certain high-risk groups and any person seeking protection from the hepatitis B virus.

Herpes Zoster (Shingles) vaccine: All adults ages 60 years and older should receive a single dose of the vaccine regardless of history of herpes zoster.

Human Papillomavirus (HPV): Vaccination for females ages 13 to 26 years who have not been vaccinated previously or who have not completed the full vaccine series. Given in a three-dose schedule, with the second dose administered one to two months after the first dose and the third dose given six months after the first dose. HPV4 may be administered to males ages 9 to 26 years who wish to reduce their likelihood of acquiring genital warts.

Measles, Mumps, Rubella (MMR): Adults born after 1956 who lack evidence of immunity should receive one dose of MMR. Second dose suggested for international travelers, adults exposed in an outbreak, students in post secondary educational institutions and health care professionals. Pregnant women who do not have evidence of immunity should receive MMR upon completion or termination of pregnancy and before discharge from the health care facility.

Meningococcal conjugate vaccine (MCV4): Preferred for adults ages 55 years and younger who have specific risk factors. A single dose of MCV4 is also recommended for unvaccinated, first-year college students living in dormitories. Adults previously vaccinated with meningococcal polysaccharide vaccine and who continue to be at increased risk for infection may need to be revaccinated with meningococcal conjugate vaccine after five years.

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Ages 19 Years and Older *(continued)*

Revaccination with Pneumococcal Polysaccharide 23 vaccine (PPSV23): A one-time revaccination is administered for people ages 65 years and older if one dose was given prior to age 65 years, and five years have elapsed since their previous dose. No further doses are needed for persons vaccinated with PPSV at or after age 65 years.

Tetanus and Diphtheria, Pertussis (Td/Tdap) booster: A one-time dose of Tdap to adults ages 64 years and younger who have not received Tdap previously or for whom vaccine status is unknown is recommended to replace one of the 10-year Td boosters. Also administer to:

- Postpartum women
- People in close contact with infants younger than age 12 months
- Health care professionals who have direct patient contact

Adults ages 65 years and older who have not previously received Tdap and who have close contact with an infant younger than age 12 months should be vaccinated and receive a Td booster every 10 years.

Varicella (chicken pox): All adults who lack evidence of immunity to varicella should receive two doses if not previously vaccinated or a second dose if they have received only one dose, unless they have certain medical conditions that could be exacerbated by the vaccine. Special consideration should be given to those who have close contact with persons at high risk for severe disease or those at high risk for exposure or transmission.

Yearly Influenza vaccine: Everyone ages 6 months and older.*

* The yearly influenza vaccine is strongly recommended for:

- People at high risk of serious flu complications, including young children, pregnant women and people who have chronic health conditions like asthma, diabetes or heart and lung disease.
- People ages 65 years and older and anyone who cares for children younger than age 6 months.

Screenings

Abdominal Aortic Aneurysm (AAA): One-time screening for AAA by ultrasonography for men ages 65 to 75 years who have ever smoked.

Cervical cancer: Women between ages 21 and 29 years should have a Pap test every three years. For women ages 30 to 65 years, preferred testing method is the HPV co-test (cytology and the HPV test are administered together) every five years. Women older than 65 years can stop screening if there is an adequate screening history. Adequate screening is defined as three consecutive negative cytology results or two consecutive negative HPV co-tests within 10 years before cessation of screening, with the most recent test performed within five years.

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Ages 19 Years and Older *(continued)*

Chlamydia: Annually for women ages 25 years and younger if sexually active. Women ages 26 years and older should be screened annually if at high risk for sexually transmitted infections (STIs). Pregnant women should also be screened.

Cholesterol: All adults age 20 years or older should have their cholesterol levels tested at least once every five years or more often as directed by your doctor.

Colorectal cancer: Beginning at age 50 years, men and women who are at average risk for developing colorectal cancer (or at an age deemed appropriate by the doctor for those at increased risk) should have one of the screening options below:

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every five years*
- Colonoscopy every 10 years
- Double-contrast barium enema every five years*
- CT colonography (virtual colonoscopy) every five years*

Tests that find cancer:

- Fecal occult blood test (FOBT) every year*
- Fecal immunochemical test (FIT) every year*

** Colonoscopy should be done if test results are positive.*

Counseling: As age appropriate, topics your doctor may discuss, at a minimum include: smoking cessation, alcohol and drug use, sexually transmitted diseases and human immunodeficiency virus (HIV) prevention, perimenopause and menopause, depression and suicide prevention, domestic violence, nutrition, body mass index (BMI) calculation, weight management and limiting fat and cholesterol, sun exposure, oral health, maintaining regular physical activity, lower back protection, fall precautions, immunization practices, seat belt/safety helmet use, use of aspirin to prevent coronary heart disease for those at high risk and the use of multiple medications.

Dental health visits: One to two times per year.

DEXA (bone density): For all women ages 65 years and older and men ages 70 years and older, regardless of clinical risk factors. Also for younger, postmenopausal women and men ages 50 to 70 years based on their clinical risk factor profile.

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Ages 19 Years And Older *(continued)*

Diabetes: Should be considered for all high-risk adults who are overweight or obese (BMI body mass index greater than or/equal to 25 kg/m²) and who have one or more additional risk factors for diabetes. If no risk factors, testing should start at age 45 years, then at three-year intervals if test results are normal.

Ear health: Every two to four years for ages 40 to 64 years and every one to two years for ages 65 years and older.

Glaucoma test: As directed by your doctor depending on age and risk factors for glaucoma.

Hearing: At least once every 10 years for ages 19 to 50 years. Every three years for ages 50 years and older.

Height, weight, body mass index (BMI) and blood pressure: Annually for all age groups.

Mammography: Most women should begin yearly mammograms at age 45.*

- It's a good idea to start talking to your health care provider at age 40 about when you should begin screening.
- At age 55, women should have mammograms every other year. Continue to talk to your health care provider about how often you should be screened.
- Regular mammograms should continue for as long as a woman is in good health.
- Breast exams, either from a medical provider or self-exams, are no longer recommended.

* *The guidelines are for women at average risk for breast cancer. Women at high risk – because of family history, a breast condition, or another reason – need to begin screening earlier and/or more often. Talk to your health care provider about what is right for you.*

Prostate cancer screening: According to the American Cancer Society, prostate cancer screening should not occur without an informed decision-making process. A decision should be made after getting information about the uncertainties, risks and potential benefits of prostate cancer screening.

The discussion about screening should take place at:

- Age 50 years for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 years for men at higher risk of developing prostate cancer. This includes African-American men and men who have first-degree relatives (father or brother) diagnosed with prostate cancer before age 65 years.
- Age 40 years for men at even a higher risk (multiple family members diagnosed with prostate cancer at an early age).

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Ages 19 Years And Older *(continued)*

Skin health/mole exam: Monthly self-mole exam for all ages; between ages 20 and 39 years, the exam should be performed by a health care professional as part of routine physical. Annually by a health care professional beginning at age 40 years.

Testicular exam: Monthly self-exam for males; annually by a health care professional.

Thyroid test: Every five years starting at age 35 years. More frequently if your doctor considers you high risk.

Vision exam with eye care professional: Between the ages 20 to 29 years, at least one eye exam by eye care doctor, and between the ages 30 to 39 years, at least two eye exams. A comprehensive baseline eye exam by an eye care doctor at age 40 years, then every two to four years thereafter. Individuals ages 55 to 64 years, eye exams every one to three years, and for individuals ages 65 years and older, eye exams every one to two years. Frequency of exams may vary and are determined by individual's particular risks, race, age and medical history.



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