

### Preventive Medicine

|  | 18-39<br>Years of Age           | 40-49<br>Years of Age | 50-64<br>Years of Age            | ≥65<br>Years of Age  |
|--|---------------------------------|-----------------------|----------------------------------|--|
| <b>Men and Women</b>   |                                 |                       |                                  |  |
| <b>Cholesterol Screening</b>   | ≥ 20 years of age every 5 years |                       | Every 5 years                    |  |
| <b>Blood Pressure</b>  |                                 |                       | Every 2 years                    |  |
| <b>Weight</b>  |                                 |                       | Every 1-3 years                  |  |
| <b>Body Mass Index</b>   |                                 |                       | Frequency at doctor's discretion |  |
| <b>Hearing &amp; Vision</b>  |                                 |                       | 60+ yearly                       | yearly   |
| <b>Stool for Occult Blood</b>  |                                 |                       |                                  | yearly   |
| <b>Double Contrast Barium Enema OR Flexible Sigmoidoscopy OR Colonoscopy</b> |                                 |                       |                                  | Double Contrast Barium Enema every 5 years OR Flexible Sigmoidoscopy Every 5 years OR Colonoscopy Every 10 years |

| Men   | 18-39<br>Years of Age | 40-49<br>Years of Age | 50-64<br>Years of Age | ≥65<br>Years of Age |
|---|-----------------------|-----------------------|-----------------------|---------------------|
| <b>Clinical Prostate Exam/<br/>Prostate Screening<br/>Antigen (PSA)</b> |                       |                       | yearly                | yearly              |
| <b>Testicular Exam</b>  | yearly                |                       |                       |                     |

Your doctor is a good resource for information about nutrition, exercise, dental health, smoking cessation, substance abuse, sexual behavior/sexually transmitted diseases, domestic violence, depression and accident/injury prevention.



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|---|--|-----------------------|-----------------------|---------------------|
| <b>Bone Mineral Content</b>                             |  |                       |                       | Once                |
| <b>Clinical Breast Exam/<br/>Teach Breast Self Exam</b> | 20+ every 1-3 years  |                       | yearly                |                     |
| <b>Mammogram</b>  |  |                       | yearly                |                     |
| <b>Pap Test</b>   | Yearly, starting no later than 21 years of age. After ≥ 3 consecutive normal results, Pap tests may be performed every 2-3 years on low-risk women at the doctor's discretion. Women ≥ 70 may choose to stop screening following ≥ 3 consecutive normal test results and no abnormal results in the last 10 years. |                       |                       |                     |

## Immunizations

| Men and Women                                       | 18-39<br>Years of Age                  | 40-49<br>Years of Age          | 50-64<br>Years of Age  | ≥65<br>Years of Age |
|---|--|--------------------------------|------------------------|---------------------|
|   | 1 dose Td booster every 10 years       |                                |                        |                     |
| <b>Tetanus, Diphtheria,<br/>Pertussis (Td/Tdap)</b> | Substitute 1 dose of Tdap for Td       |                                |                        |                     |
| <b>Human Papillomavirus<br/>(HPV)</b>               | 3 doses<br>(females ≤ 26 years of age) |                                |                        |                     |
| <b>Measles/Mumps/Rubella</b>                        | 1 or 2 doses*                          |                                | 1 dose, if high-risk*  |                     |
| <b>Varicella</b>                                    | 2 doses*                               |                                | 2 doses, if high-risk* |                     |
| <b>Influenza</b>                                    | 1 dose annually, if high-risk*         |                                | 1 dose annually        |                     |
| <b>Pneumococcal (Pneumonia)</b>                     |  | 1-2 doses, if high-risk*       |                        | 1 dose              |
| <b>Hepatitis A</b>                                  |  | 2 doses, if high-risk*         |                        |                     |
| <b>Hepatitis B</b>                                  |  | 3 doses, if high-risk*         |                        |                     |
| <b>Meningococcal (Meningitis)</b>                   |  | 1 or more doses, if high-risk* |                        |                     |

\*Talk with your doctor to determine what immunizations you need.

These are suggested guidelines for asymptomatic, low-risk persons, unless indicated otherwise. These suggestions should not be used as a substitute for the medical care and advice of your physician. Benefit plans may not cover these services.



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