

PREVENTIVE CARE SAVES LIVES

Get screened.

Look inside for preventive
care recommendations.



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

SAVE A LIFE ... YOURS



Blue Cross Blue Shield of Michigan and Blue Care Network members may receive some exams and services at no cost.



Regular checkups, the right screenings and a healthy lifestyle can help you prevent or detect life-threatening chronic conditions, such as heart disease, diabetes and cancer.



Blue Cross and BCN pay for some preventive care with little or no out-of-pocket costs to you when you choose in-network care.

Before you receive preventive care, make sure you know what your specific health care plan pays and what you must pay.

I'd been having some blurry vision and was certain I'd get a new eyeglass prescription at my annual eye exam. Instead, I got a big surprise when my optometrist said, "I'd like you to go to the emergency room." He told me I needed testing for a potentially life-threatening condition of the brain that was causing my optic nerves to swell.*

While I didn't end up having a deadly aneurism or brain infection, I was diagnosed with idiopathic intracranial hypertension, which causes excess cerebrospinal fluid pressure on the brain and eyes. If I hadn't gotten treatment in a timely manner, permanent blindness and debilitation were possible outcomes.

With firsthand experience, I can say, preventive care really can save your life.

Sue A.
Member and employee
Blue Cross Blue Shield of Michigan

*An annual preventive care eye exam is included with most vision plans.

RECOMMENDED PREVENTIVE CARE GUIDELINES*

INFANTS and TODDLERS BIRTH TO 24 MONTHS

	AGE	GUIDELINE
Well-child exam: including parental education; growth and development; nutrition; physical activity; vaccines; safety (safe sleep, injury, poison, burn prevention, car seats, secondhand smoke, parental coping); social determinants of health; health risks; and other important issues	0 to 24 months	11 visits
Autism screening	18 to 24 months	Once
Dental screening and fluoride	Beginning at 6 months	Choose a dentist
Lead screening blood test	12 to 18 months	Once (if at an increased risk or on Medicaid plan — ask your doctor)
Newborn hearing and metabolic screening	Birth (after 24 hours)	Once (before 1 month old)
Vision screening	0 to 24 months	Once (between 6 months to 12 months)
IMMUNIZATIONS		
Chickenpox (varicella)	12 to 15 months	First dose
COVID-19	6 months and up	Annually
DTaP (diphtheria, tetanus and pertussis)	2, 4 and 6 months 15 to 18 months	First, second and third dose Fourth dose
Flu	6 months and up	Two doses one month apart, then every year
Hepatitis B	Birth 1 to 2 months 6 to 18 months	First dose Second dose Third dose
HiB (Type B flu)	2 to 15 months	Three to four doses depending on vaccine
MMR (measles, mumps and rubella)	12 to 15 months	First dose
Pneumonia	2 months 4 months 6 months 12 to 15 months	First dose Second dose Third dose Fourth dose
Polio	2 months 4 months 6 to 18 months	First dose Second dose Third dose
Respiratory syncytial virus monoclonal antibody (nirsevimab)	8 months or younger 8 to 19 months	One dose One dose if at risk for lung disease
Rotavirus (stomach virus)	2 to 6 months	Two or three dose series

*Source for these guidelines is the U.S. Preventive Services Task Force as of 2023. Guidelines are subject to change.

RECOMMENDED PREVENTIVE CARE GUIDELINES*

CHILDREN and ADOLESCENTS AGES 2 TO 21

	AGE	GUIDELINE
Well-child exam: discuss growth and development; mental health; dental health; age-appropriate safety issues (injury, motor vehicle safety — car seats, seat belt use, parental coping, secondhand smoke, skin cancer prevention, bicycle safety and helmet use); nutrition (height, weight, body mass index); physical activity; age-appropriate health risks and social determinants of health; substance use disorder; pregnancy prevention	2 to 21 years	Every year
Chlamydia, gonorrhea and other sexually transmitted infections	Under 25 years	Every year if sexually active
Cholesterol screening	10 to 12 years and 13 to 21 years	If at an increased risk, screen ages 2 to 8 years and 12 to 16 years.
Dental screening and teeth cleaning	2 to 17 years	Every 6 months; if diagnosed with periodontal disease or other health conditions, every 3 to 4 months
HIV screening	13 and older	At least once in lifetime; if at increased risk, screen annually
Oral cancer screening	18 to 21 years	Annually; screen annually at any age if tobacco usage
Vision screening	3 to 6 years 8, 10, 12, 15 years 16 to 21 years	Annually Once at each age listed Annually <i>If risk factors are present, more frequent exams may be needed.</i>
IMMUNIZATIONS		
Chickenpox (varicella)	4 to 6 years	Second dose
COVID-19	2 to 21 years	Annually
DTaP (diphtheria, tetanus, and pertussis)	4 to 6 years	Fifth dose
Flu	2 years and older	Every year
HPV, boys and girls	9 to 14 years 15 to 21 years	Two doses Three doses
MMR (measles, mumps and rubella)	4 to 6 years	Second dose
Meningitis vaccine	11 to 12 years and 16 years	First dose Booster
Polio	4 to 6 years	Fourth dose
Tdap (tetanus, diphtheria, pertussis)	11 to 12 years	One dose

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ADULTS AGES 18 TO 49

	AGE	GUIDELINE
Annual physical: physical and mental health assessment; nutrition (record height, weight, body mass index); physical activity; health risks (including social determinants of health); intimate partner violence; tobacco use; substance use disorder; safety; skin cancer prevention; and other issues	18 to 21 years 21 to 49	Every year Every 1 to 5 years
Blood pressure screening	18 and older	Every year (or more often if at a high risk — ask your doctor)
Breast cancer screening	18 to 39 40 to 49	Discuss with your doctor if at risk and need earlier screening Every other year
Cervical cancer screening	18 to 29 30 to 49	Women only Pap test every 3 years Pap test every 3 years and HPV test every 5 years, or HPV/Pap cotest every 5 years — ask your doctor
Colorectal cancer screening	45 to 49	Ask your doctor — if at risk, more frequent screenings may be needed; strategies include: gFOBT or FIT stool test every year; stool DNA-FIT test every 1 to 3 years; CT colonography plus sigmoidoscopy every 5 years; sigmoidoscopy every 10 years plus annual FIT; screening colonoscopy every 10 years
Dental screening and teeth cleaning	18 to 49	Every 6 months
Depression screening	18 to 49	Everyone, including pregnant and postpartum women — ask your doctor
Diabetes (blood sugar)	35 to 49	If overweight
HIV screening	18 to 49	At least once in lifetime; if at increased risk, screen annually
Oral cancer screening	18 to 49	Annually; if diagnosed with periodontal disease or other health conditions, every 3 to 4 months
Sexually transmitted infections	18 to 49	Sexually active women and older women at increased risk for infection: screen for chlamydia, gonorrhea; also screen if at risk for syphilis, hepatitis B and C — ask your doctor
Vision screening	18 to 49	At least every 2 years; annually preferred; if risk factors are present, more frequent exams may be needed
IMMUNIZATIONS		
COVID-19	18 to 49	Annually
Flu	18 to 49	Every year
HPV (human papillomavirus)	26 and younger 27 to 45 years	Complete one series Discuss with your doctor whether likely to benefit, if not previously vaccinated
Pneumonia, meningitis, hepatitis A, hepatitis B, Hib	18 to 49	Ask your doctor
Respiratory syncytial virus	18 to 49	All pregnant women who are 32 to 36 weeks pregnant between September and January
Tetanus	18 to 49	Once every 10 years
Varicella (chickenpox)	18 to 49	Two doses if no previous immunization or history of infection — ask your doctor

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RECOMMENDED PREVENTIVE CARE GUIDELINES*

ADULTS and SENIORS AGES 50 AND OLDER

	AGE	GUIDELINE
Annual physical: physical and mental health assessment; nutrition (record height, weight, body mass index); health risks; (personalized based on individual risk and including social determinants of health); tobacco use; substance use disorder; and other issues	50 and older	Every year
Blood pressure check	50 and older	Every year; more often if reading is higher than 140/90
Breast cancer screening	50 and older	Women only; every 2 years
Cervical cancer screening — not recommended for women who've had a total hysterectomy for benign disease	50 to 64 65 and older	Pap test every 3 years and HPV test every 5 years, or HPV/Pap cotest every 5 years — ask your doctor No screening if prior tests were normal and you're not at high risk
Colorectal cancer screening	50 to 75 76 to 85	Ask your doctor — if at risk, more frequent screenings may be needed; strategies include: gFOBT or FIT stool test every year; stool DNA-FIT test every 1 to 3 years; CT colonography plus sigmoidoscopy every 5 years; sigmoidoscopy every 10 years plus annual FIT; screening colonoscopy every 10 years Discuss with your doctor
Dental screening and teeth cleaning	50 and older	Every 6 months; if diagnosed with periodontal disease or other health conditions, every 3 to 4 months
Diabetes screening (blood sugar)	50 to 70	If overweight
Hepatitis C screening	18 to 79	One-time screening — if you're high risk, ask your doctor
HIV screening	50 to 65	At least once in lifetime; if at increased risk, screen annually
Lung cancer screening	50 and older	Based on individual risk; ask your doctor
Oral cancer screening	50 and older	Annually
Osteoporosis screening (brittle bones)	50 to 64 65 and older	Women only Ask your doctor At least 1 bone scan
Prostate cancer	50 and older	Men only; screening recommendations are based on individual risk; ask your doctor
Sexually transmitted infections	50 and older	Get screened if you're at risk for syphilis, hepatitis B and C
Vision screening	50 to 64	At least every 2 years; annually preferred; if risk factors are present more frequent exams may be needed
IMMUNIZATIONS		
Chickenpox (varicella)	50 and older	Two doses if no previous immunization or history of infection — ask your doctor
COVID-19	50 and older	Annually
Flu	All ages	Every year
Meningitis, hepatitis A, hepatitis B	50 and older	Ask your doctor
Pneumonia	Before age 65 65 and older	If risk factors present — ask your doctor Two doses at least 1 year apart
Respiratory syncytial virus	60 and older	One dose
Shingles (zoster)	50 and older	Two-dose series
Tetanus	All ages	Once every 10 years

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Keep this brochure to help you identify the preventive care you need. The charts, based on age and gender, provide a road map for achieving a healthier life.

This isn't a comprehensive list of care that could be paid by your specific plan. Log in to your online member account at bcbsm.com for more information about your benefits. If you don't have a member account, go to bcbsm.com/register.

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TO SCHEDULE AN APPOINTMENT.**

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