



# Preventive Screening Guidelines for Healthy Adults\*

| Routine Checkups   | 18–29 years  | 30–39 years | 40–49 years   | 50–64 years   | 65+ years  |
|--|--|-------------|---|---|--|
| Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screenings, and counseling | Annually for ages 18–21<br>Every 1–3 years, depending on risk factors**  |             |   | Annually  | Annually   |
| <b>Cancer Screenings</b>   |  |             |   |   |  |
| Colorectal Cancer  | Not routine except for patients at high risk**   |             |   | Colonoscopy at age 50 and then every 10 years, or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, or sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years |  |
| Skin Cancer  | Periodic total skin exams every 3 years at discretion of clinician   |             | Annual total skin exam at discretion of clinician   |   |  |
| Breast Cancer (Women)  | Annual clinical breast exam and monthly self-exam  |             |   |   |  |
|  |  |             | Annual mammography at discretion of clinician   | Annual mammography  | Annual mammography at discretion of clinician    |
| Cervical Cancer (Women)  | Pap test every 1–3 years*** beginning 3 years after first sexual intercourse or by age 21, depending on risk factors**   |             |   |   |  |
| Testicular and Prostate Cancer (Men)   | Clinical testicular exam at each health maintenance visit and monthly self-exam  |             |   | Annual digital rectal exam (DRE) or prostate-specific antigen (PSA) blood test at discretion of clinician   |  |
|  |  |             | Digital rectal exam (DRE) or prostate-specific antigen (PSA) blood test if at high risk**   |   |  |
| <b>Other Recommended Screenings</b>  |  |             |   |   |  |
| Body Mass Index (BMI)  | At discretion of clinician (can be screened annually for overweight and eating disorders, consult the CDC's growth and BMI charts)                                     |             |   |   |  |
| Blood Pressure (Hypertension)  | At every acute/non-acute medical encounter and at least once every 2 years   |             |   |   |  |
| Cholesterol  | Every 5 years or more often at discretion of clinician   |             |   |   |  |
| Diabetes (Type 2)  |  |             | Every 3 years, beginning at age 45 or more often and beginning at a younger age at discretion of clinician  |   |  |
| Bone Mass Density (BMD) Test (Women)   |  |             | Consider your risk factors, discuss with you clinician. BMD testing for all post-menopausal women who have one or more risk factors for osteoporosis fractures. | BMD test once, or more often at discretion of clinician   |  |
| <b>Infectious Disease Screening</b>  |  |             |   |   |  |
| Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, and HPV)  | Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk** HPV is for age 26 and under, if not previously vaccinated. |             |   |   |  |
| <b>Sensory Screenings</b>  |  |             |   |   |  |
| Eye Exam for Glaucoma  | At least once; every 3–5 years if at risk**  |             | Every 2–4 years   |   | Every 1–2 years                                  |
| Hearing and Vision Assessment  | At discretion of clinician   |             |   |   |  |
| <b>Immunizations</b>   |  |             |   |   |  |
| Tetanus, Diphtheria (Td)   | 3 doses if not previously immunized; booster every 10 years  |             |   |   |  |
| Influenza  | Every year if at high risk**   |             |   |   | Annually   |
| Pneumococcal   | If at high risk** and not previously immunized   |             |   |   | Once after age 65, even if previously vaccinated |
| Meningococcal (Meningitis)   | 1 or more doses if not previously immunized, depending on risk factors and other indicators**  |             |   |   |  |
| Varicella (Chicken Pox)  | 2 doses given at or after age 13 if susceptible**  |             |   |   |  |

\*Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed.

\*\*Contact your physician to determine if you are at risk.

\*\*\*Pap test may be performed at three-year intervals only after three consecutive negative results.

The following screening tests and vaccinations are not routinely recommended, but may be appropriate depending on your age and/or risk: HIV test (HIV/AIDS); Hepatitis A, B, and C tests; Glucose (Type II Diabetes) test; Tuberculosis skin test; and Measles, Mumps, Rubella, and Hepatitis A and B vaccines.

The Preventive Screening Guidelines for Healthy Adults are general guidelines for healthy adults with no current symptoms or personal history of medical conditions. People with medical conditions, or those with a family history for certain diseases, should talk with their doctor about the right recommendations for them.

These guidelines were developed by Massachusetts Health Quality Partners (MHQP), a broad-based coalition of health care providers, plans, and purchasers working together to promote improvement in the quality of health care services in Massachusetts. Blue Cross Blue Shield of Massachusetts is a MHQP member.