Preventive Wellness Guidelines

Services Recommended/Number of Times Recommended for Age Range	8 Days through 35 Months	3-9 Years	Female 10-17 Years	Male 10-17 Years	Female 18-34 Years	Male 18-49 Years	Female 35-49 Years	Male 50+ Years	Female 50-64 Years	Female 65+ Years
Preventive Medicine Evaluation or Re-Evaluation Once per calendar year As part of preventive medicine evaluation or re-evaluation, preventive counseling as appropriate for age or stage of development and risk factors.	10 visits	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hemoglobin, Hematocrit or CBC Once per calendar year	1 ◆		1 ◆	1 ◆						
Immunizations See pages 8-9 for details	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Blood Pressure Once per calendar year	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hemoglobin A1c Once per calendar year			2 ◆	2 ◆	◆	◆	◆	◆	◆	◆
Glucose Once per calendar year		3 ◆								
Lipid Profile Once per calendar year	4 ◆	4 ◆	◆	◆	◆	◆	◆	◆	◆	◆
Pap Smear Once every three or five years					5 ◆		5 ◆		5 ◆	5 ◆
Pelvic Exam Once per calendar year			6 ◆		◆		◆		◆	◆
Breast Exam Once per calendar year			7 ◆		◆		◆		◆	◆
Mammogram Once per calendar year							8 ◆		8 ◆	8 ◆
Bone Density Once per lifetime										◆
Flexible Sigmoidoscopy once every five years OR Colonoscopy once every ten years						9 ◆	9 ◆	9 ◆	9 ◆	9 ◆

1. CBC performed at 12 months of age and once between ages 11-18.
2. Annual hemoglobin A1c screenings are available for at risk individuals ages 10-17. At risk individuals are defined as follows:
   a. Overweight or obesity (body mass index [BMI] ≥ 85th percentile) and
   b. One or more of the following additional risk factors:
      i. First or second-degree relative with Type 2 diabetes
      ii. Race/ethnic group: Native American, African American, Latino, Asian/Pacific Islander, Canadian First Nations, Australian indigenous
      iii. History of maternal diabetes or gestational diabetes during the child's gestation
      iv. Signs of insulin resistance or conditions associated with insulin or small for gestational age birth weight and/or length)
      v. Use of weight-promoting atypical antipsychotic drug
3. Annual glucose screenings are available for individuals ages 3-9 if at risk as defined in # 2 above.
4. Annual lipid profile screenings are available beginning at age 2.
   High-risk individuals should have their first lipid profile screening before age 11. A fasting lipid profile is the recommended screening method. High risk is defined as a family history of high lipids or early CVD; unknown history or other CVD risk factors such as overweight, obesity, hypertension or diabetes.
5. Pap smears are available once every 3 years beginning at age 21 through age 65. For women ages 30-65 who wish to extend the time between pap smear screenings, a pap smear will be covered every 5 years when it is accompanied by HPV screening. For females ages 12-20, these services are available and may be covered under the appropriate medical portion of your benefit plan. These should be performed based upon patient and provider discretion.
6. Pelvic exams are available annually for women beginning at age 12. These should be performed based upon patient and provider discretion.
7. Breast exams are available annually for women beginning at age 12.
8. Mammograms are available for women ages 35 and older. These should be performed based upon patient and provider discretion. Mammograms recommended every 2 years for ages 40-74.
9. Flexible sigmoidoscopy and colonoscopy recommended for ages 45-75. Additional screenings (flexible sigmoidoscopy, colonoscopy) for individuals considered to be at high risk for colorectal cancer, as outlined below, may be covered under the appropriate medical portion of your benefit plan. High-risk individuals in this category are defined as follows:
   a. Strong family history of colorectal cancer or polyps (in first-degree relative younger than 60 or two first-degree relatives of any age). A first-degree relative is defined as a parent, sibling or child.
   b. Known family history of colorectal cancer syndrome
   c. Personal history of colorectal cancer polyps

Gastroenterology consultations prior to colonoscopy are not covered under Healthy You!

BlueCross BlueShield of Mississippi

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Preventive Wellness Guidelines are based on recommendations from the following:
- U.S. Preventive Task Force
- Advisory Committee on Immunizations of the Centers of Disease Control
- Preventive care and screenings of infants, children, and women by Health Resources and Services Administration
- National Medical Societies

Call your Primary Care Network Provider to schedule your Healthy You! visit. Locate a Primary Care Network Provider using the Find a Provider feature of *my*Blue or on our website at www.bcbsms.com.

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