

Preventive health guidelines

As of 2023

Take steps toward a healthier future by making preventive care a priority. Your health plan covers certain preventive screenings, wellness exams, and vaccinations to help find potential health issues early and keep you and your family healthy.

While the following guidelines provide examples of various preventive services, they may not mention every service that's available to you. It's important to talk to your doctor about which exams, screenings, and vaccines are right for you and your family, so you can develop a personalized care plan.

These guidelines are based on state-specific requirements and recommendations from health experts, including:

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics Bright Futures (AAP)
- Advisory Committee on Immunization Practices (ACIP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Cancer Society (ACS)
- Centers for Disease Control and Prevention (CDC)
- U.S. Preventive Services Task Force (USPSTF)



Keep in mind, coverage of preventive services varies by health plan, so your plan may not pay for all the services and screenings listed here. To find out what your plan covers, you can:

- Visit anthem.com/ca.
- Call the Member Services number on the back of your ID card.
- Check your member handbook.



Well-baby and well-child exams

Well-baby exam — birth to 2 years

Infants should be seen by a doctor at birth and again at the following ages, or as their doctor suggests:

3 to 5 days

6 months

15 months

2 months

2 weeks to 1 month9 months 18 months

12 months24 months

4 months

If your child leaves the hospital less than 48 hours after birth, they need to be seen by a doctor 2 to 4 days after being born.

Well-baby visits may include a physical exam, vaccinations, and age-appropriate tests and screenings like those in the chart below. Your child's doctor may also talk to you about:

• Newborn care, safety, and development.

• Your and your family's health and well-being.

Nutrition and feeding.

Minimizing exposure to ultraviolet (UV) radiation.

Note: Treatment with an eye ointment is recommended at birth for all infants to prevent any infection passed by the mother during delivery.

Age to receive screening (in months)

				Ago	torec	CIVE 3C	reening (in months)			
Screening	Birth	1	2	4	6	9	12	15	18	24
Weight, length, and head measurement	At each v	/isit								
Body mass index (BMI) percentile*										At 24 months
Newborn metabolic disorders, such as PKU (the body's inability to break down protein), sickle cell (an inherited blood disorder), and thyroid issues	Bilirubin (checks jaundice	for new								
Critical congenital heart defect (birth defects of the heart)	At birth									
Development – brain, body, and behavior	At each w	/isit								
Hearing	Screen i	in the h	ospital a	fter birth an	ıd at eac	h visit.				
Vision	Each visi	Each visit								
Oral/dental health							Referral to a primary ca 6 months. Begin yearly 12 months. Fluoride varnish when a prescription based on y 6 to 24 months).	dental ex teeth star	ams startin t coming in.	g at Fluoride
Hemoglobin or hematocrit (blood count)				Check for risks.			At 12 months and check for risks as the doctor suggests.			
Hepatitis B	Check fo	r risks a	t each vi	sit.						
Lead tests							At 12 and 24 months. suggests.	Check fo	r risks as t	he doctor
Autism (a condition that affects communication and social skills)									At 18 months	At 24 months
Maternal postpartum depression		Scree	n at baby ı visits.	/'s 1, 2, 4, ar	nd 6					
Blood pressure	Check fo	or risks	at each	visit.						
Lipid disorder (cholesterol)										Check for risk at 24 months.
Tuberculosis	Check fo	or risks	and test	as the doct	or sugge	ests.				

Well-child exam — ages $2^{1}/_{2}$ to 10 years

Depending on your child's age, well-child visits may include a physical exam, vaccinations, and age-appropriate screenings like those on the chart below. Their doctor may also talk to you about:

- Promoting healthy nutrition.
- Exercise, growth, safety, and healthy habits.
- Any learning or school issues.
- Emotional and mental health.
- Family and home living issues.
- Minimizing exposure to UV radiation.

Age to receive screening (in years)

	Age to receive screening (in years)												
Screening	2 ¹ / ₂	3	4	5	6	7	8	9	10	11			
Height, weight, and BMI percentile*	Each year			•									
Development — brain, body, and behavior	At each v	isit											
Vision	Each year	Each year											
Hearing	Check for each visit		Screen a	t each visit	t.								
Anxiety							Screen ea	ach year sta	rting at ag	e 8.			
Lipid disorder (cholesterol problems)	Check for risks at each visit. Once between ages 9 an												
Oral/dental health	Dental exams each year. Fluoride varnish on the teeth when the dentist suggests (between 2½ and 5 years). Fluoride prescription based on your drinking water (between 2½ and 10 years).												
Hemoglobin or hematocrit (blood count)	Check for risks each year.												
Blood pressure risk assessment		Each yea	ar starting a	nt age 3. Cl	neck for ris	sks before	age 3.						
Lead testing	Check for	risks eac	ch year thro	ugh age 6.									
Tuberculosis	Check for	risks and	test as the c	loctor sugg	gests.								





Well-child to young adult exam — ages 11 to 20 years

These visits may include vaccinations and age-appropriate screenings, in addition to a full-body exam. Depending on your child's age, their doctor may also discuss:

- Growth and development, such as oral hygiene habits, body image, healthy eating, physical activity, and sleep.
- Emotional well-being, including mood control and overall mental health.
- Safe sex, especially reducing the risk of sexually transmitted infections and diseases (STIs and STDs) and unplanned pregnancy.
- Substance use, including the use of alcohol, tobacco, e-cigarettes, and prescription or illegal drugs.

- School performance.
- Family and home living issues.
- General safety, such as seat belt and helmet use.
- Firearm safety, if they are regularly around guns.
- Intimate partner violence.
- Minimizing exposure to UV radiation.

Age (in years)

				Age (III	, ,								
Screening	11	12	13	14	15	16	17	18	19	20			
Height, weight, and BMI*	Percentile	rcentile to age 19, then BMI each year											
Development — brain, body, and behavior	Each year												
Depression		Screen each year starting at age 12.											
Blood pressure	Each year	Each year											
Vision	Each year												
Hearing	Screen with audiometry, once between ages 11 and 14, once between ages 15 and 17, and once between ages 18 and 21.												
Oral/dental health	Referral to a dentist each year. Fluoride prescription based on your drinking water (ages 11 to 16).												
Hemoglobin or hematocrit (blood count)	Check for risks each year.												
Gonorrhea and chlamydia	Each year starting at age 11, if sexually active.												
Syphilis	Screen in t	hose at inc	creased ris	k of infec	tion.								
Human immunodeficiency virus (HIV)	Those younger than 18 should be scree have risk factors for HIV infection. Thos risk should be offered pre-exposure prophylaxis (PrEP).												
Lipid disorder (cholesterol)	Once between ages 9 and 11.	between ages 9 Check for risks each year. Once be					Once be	petween ages 17 and 21.					
Substance use disorder and tobacco addiction	Check for risks each year.												
Tuberculosis	Check for risks each year and test as your doctor suggests.												
Hepatitis C	Check for risks each year. Screen once betwee ages 18 and 79.							en					
Hepatitis B	Check for	risks eacl	n year. Sci	een if at	increased	risk of ir	nfection.						
Sudden cardiac arrest/death	Check for risks each year.												

^{*} Height and weight are used to find BMI. BMI is used to see if a person has the right weight for their height or is under or overweight for their height. BMI percentile is used in children ages 2 to 19 to identify where a child falls in relation to other children.

This guide is just for your information; it is not meant to take the place of medical care or advice. Some people may be at higher risk for health issues due to their family history, their race or ethnicity, or other reasons. Talk to your child's doctor if you have concerns about their health.

Please note: Coverage of these services varies by health plan.





Adult screenings — women

Yearly wellness visits

During your annual visit, your doctor may perform or recommend certain screenings based on your age or medical history, including those on the chart below. Your doctor may also talk to you about:

- Diet and physical activity.
- Mental health, including depression.
- Oral and dental health.
- Tobacco use or how to quit.
- Avoiding secondhand smoke.
- Substance use, including the use of alcohol and prescription or illegal drugs.
- Skin cancer risks.

- Family planning, including:
- Safe sex (counseling may be provided to prevent STIs in adults at increased risk).
- Birth control to help avoid unplanned pregnancy.
- Spacing out pregnancies to have the best birth outcomes.
- **—** Folic acid supplements for women of childbearing age.
- Intimate partner violence.
- Minimizing exposure to UV radiation.
- Importance of exercise in adults over age 65 in preventing falls.

Keep in mind, the following recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.¹

Screening	When to receive screening
Height, weight, and BMI ²	Each year or as your doctor suggests. Women with a high BMI (30 or more) should be offered intensive weight loss interventions to help increase exercise and improve eating habits.
Blood pressure	Each year or as your doctor suggests. Recheck high readings at home.
Cardiovascular (CVD) risk assessment	As your doctor suggests between ages 40 and 75. Women at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine). Lipid screening may be required to assess risk.
Glucose screening for type 2 diabetes	As your doctor suggests from ages 35 to 70, especially if overweight or obese. Individuals with high blood sugar should talk to their doctor about intensive counseling interventions to promote a healthy diet and physical activity.
Osteoporosis	The test to check how dense your bones are should start no later than age 65; women at menopause should talk to their doctor about osteoporosis and have the test when at risk.
Depression	Each year
Breast cancer risk	As your doctor suggests in women 35 years or older at increased risk. Women who are at increased risk for breast cancer and at low risk for adverse medication effects should be offered risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors.
Mammogram ³	Each year from ages 40 to 65+. Consider screening every 2 years from ages 50 to 74.
BRCA gene risk assessment	As your doctor suggests in women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations.
Cervical dysplasia	Regular Pap tests beginning at age 21. Talk to your doctor about how often you should be screened and for how long.
Cervical cancer: 21 to 29	Pap test every three years.
Cervical cancer: 30 to 65	Should have a Pap test every three years or HPV testing alone or in combination with Pap test (co-testing) every five years.

Screening	When to receive screening
Cervical cancer: 65+	Stop screening at age 65 if last three Pap tests or last two co-tests (Pap plus HPV) within the previous 10 years were normal. If there is a history of an abnormal Pap test within the past 20 years, discuss continued screening with your doctor.
Colorectal cancer	At age 45 and continuing until 75, your doctor may suggest any one of these test options: Direct visualization tests Colonoscopy CT colonography Flexible sigmoidoscopy Stool-based tests Fecal immunochemical test (FIT) Guaiac-based fecal occult blood test (gFOBT) Multi-targeted stool DNA test (FIT-DNA)
Lung cancer (low-dose computed tomography (LDCT))	Screen beginning at age 50 for those with a 20-pack-per-year smoking history and currently smoke or have quit within the past 15 years.
Hepatitis B	Screen if at increased risk for infection.
Hepatitis C	Screen once between the ages of 18 and 79.
Gonorrhea and chlamydia	Sexually active women aged 24 and under. Women over age 25, if at increased risk of infection.
Syphilis	Screen if at increased risk of infection.
Human immunodeficiency virus (HIV)	As your doctor suggests between ages 19 and 65. Older adults should be screened if at increased risk of infection. Women at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Tuberculosis	Screen for latent infection if at increased risk.

¹ Caughey AB, Krist AH, Wolff TA, et al: USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services. JAMA. (November 16, 2021): pubmed.ncbi.nlm.nih.gov/34694343.

² Height and weight are used to check body mass index (BMI). Checking someone's BMI helps determine if they are a healthy weight for their height, or if they are under or overweight.

³ Women should talk to their doctor and make a personal choice about the best age to start having mammograms and possibly screen every two years when older.



Pregnancy

Within the first three months of pregnancy, it's important to visit a doctor to set up a prenatal care plan. At each prenatal visit, your doctor will check your health and the health of your baby. Your doctor may also talk to you about:

- What is safe to eat during pregnancy.
- How to safely exercise while pregnant.
- Avoiding tobacco, drugs, alcohol, and other substances.
- Breastfeeding and how to access lactation supplies and services after delivery if needed.

Testing for you

Your doctor may recommend the following tests and preventive screenings during pregnancy:

- Depression screenings (during and after pregnancy)
- Gestational diabetes screening at 24 weeks or later
- Preeclampsia* screening (to test for high blood pressure during pregnancy)
- Hematocrit/hemoglobin (blood count)
- Rubella immunity (to determine if you need the rubella vaccine after delivery)
- Rh(D) blood type and antibody testing (to see if your blood type and your baby's blood type are compatible). If you are Rh(D) negative, you may need to repeat this test between 24 and 28 weeks.
- Hepatitis B screening (recommended at first prenatal visit)
- HIV screening if your HIV status is unknown, including those who present in labor or at delivery. Individuals at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
- Syphilis
- Urine for asymptomatic bacteriuria

Testing for your baby

The following tests and others can check your baby for health concerns before they're born. Which tests you need and when you need them depend on your age as well as your medical and family history. Talk to your doctor about which tests you may need, what the results say about your baby, and the possible risks associated with each test.

- Amniocentesis (an ultrasound and testing of the fluid surrounding your baby)
- Cell-free DNA (a blood test to check for chromosomal abnormalities in the baby)
- Chorionic villus sampling (checks for birth defects)
- Ultrasound tests (to look at the baby in the womb). During the first three months, these are done along with blood tests to check the baby for chromosomal abnormality risk.

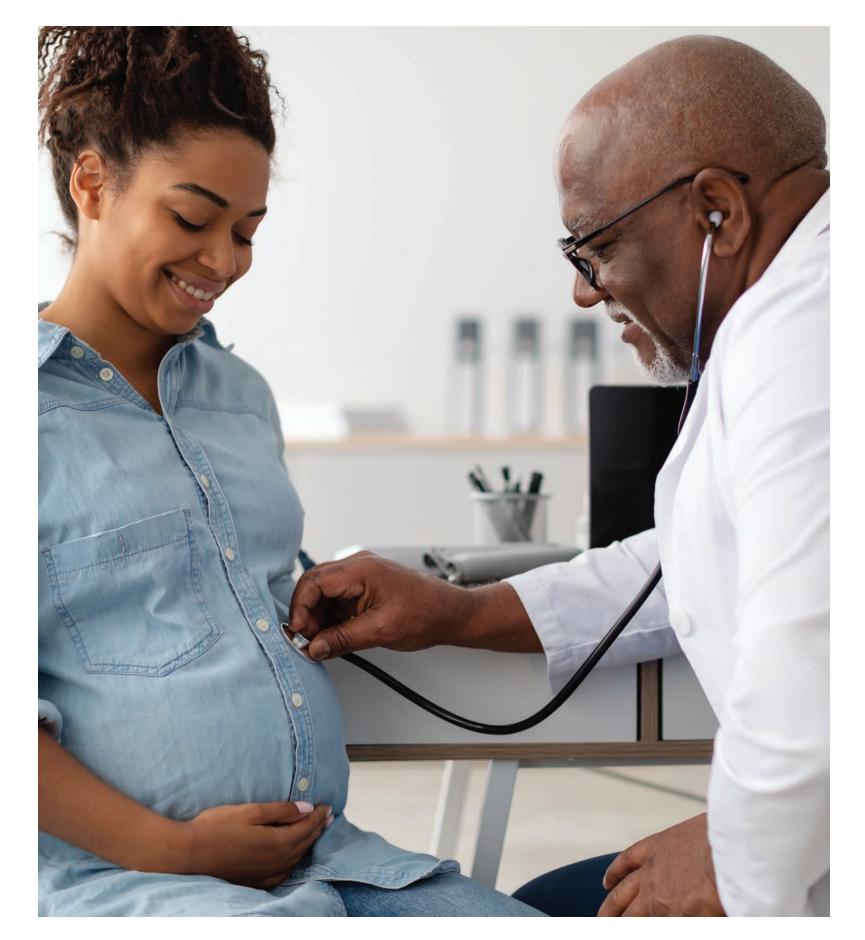
Vaccines

It's best to receive most vaccines before pregnancy. However, certain vaccines are recommended during pregnancy to boost your and your baby's immunity, including:

- Flu: If you are pregnant during flu season (October through March), your doctor may want you to get the inactivated flu shot.
- Tdap: Pregnant teens and adults need a Tdap vaccine during each pregnancy. It's best to receive the vaccine between weeks 27 and 36 of pregnancy, although it may be given at any time.

You should not get the following vaccines while pregnant:

- Measles, mumps, rubella (MMR)
- Varicella (chickenpox)



*If you have a high risk of preeclampsia, your doctor may recommend taking a low-dose aspirin to prevent other problems while you are pregnant.

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Please note: Coverage of these services varies by health plan.



Adult screenings — men

Yearly wellness visits — adult men

During your annual visit, your doctor may perform or recommend certain screenings based on your age or medical history, including those on the chart below. Your doctor may also talk to you about:

- Diet and physical activity.
- Mental health, including depression.
- Oral and dental health.
- Tobacco use or how to quit.
- Avoiding secondhand smoke.
- Substance use, including the use of alcohol and prescription or illegal drugs.
- Skin cancer risks.
- Family planning, including:
 - Safe sex (counseling may be provided to prevent STIs in adults at increased risk).
 - Preventing unplanned pregnancy with a partner.

- Intimate partner violence.
- Minimizing exposure to UV radiation.
- Importance of exercise in adults over age 65 in preventing falls.

Keep in mind, the following recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.¹

Screening	When to receive screening
Height, weight, and BMI ²	Each year or as your doctor suggests. Men with a high BMI (30 or more) should be offered intensive weight loss interventions to help increase exercise and improve eating habits.
Abdominal aortic aneurysm (enlarged blood vessels in the abdomen)	One time between ages 65 and 75 if you have ever smoked.
Blood pressure	Each year or as your doctor suggests. Recheck high readings at home.
Cardiovascular disease (CVD) risk assessment	As your doctor suggests from ages 40 to 75. Men who are at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine). Lipid screening may be required to assess risk.
Colorectal cancer	From ages 45 to 75, your doctor may suggest one or more of these test options: • Direct visualization tests — Colonoscopy — CT colonography — Flexible sigmoidoscopy • Stool-based tests — Fecal immunochemical test (FIT) — Guaiac-based fecal occult blood test (gFOBT) — Multi-targeted stool DNA test (FIT-DNA)

Screening	When to receive screening
Glucose screening for type 2 diabetes	As your doctor suggests from ages 35 to 70, especially if overweight or obese. Individuals with high blood sugar should talk to their doctor about intensive counseling interventions to promote a healthy diet and physical activity.
Hepatitis C	Screen once between the ages of 18 and 79.
Hepatitis B	Screen if at increased risk for infection.
HIV	As your doctor suggests between ages 19 and 65. Older adults should be screened if at increased risk of infection. Men at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Syphilis	Screen if at increased risk of infection.
Prostate cancer	From ages 55 to 69, talk with your doctor about the risks and benefits of prostate cancer tests.
Lung cancer (with low-dose computed tomography (LDCT))	Start screening at age 50 if you have a 20-pack-per-year smoking history and currently smoke or have quit within the past 15 years.
Tuberculosis	Screen for latent infection if at increased risk.
Depression	Each year

¹ Caughey AB, Krist AH, Wolff TA, et al: USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services. JAMA. (November 16, 2021): pubmed.ncbi.nlm.nih.gov/34694343.

² Height and weight are used to check body mass index (BMI). Checking someone's BMI helps determine if they are a healthy weight for their height, or if they are under or overweight.

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Suggested vaccination schedule

For additional information about vaccines, including the current recommendations on COVID-19 vaccinations, visit cdc.gov/vaccines.

Age to receive vaccine

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Vaccine	Birth	1 to 2 months	2 months	4 months	6 months	6 to 18 months	12 to 15 months	15 to 18 months	19 to 23 months	4 to 6 years	11 to 12 years	13 to 18 years	19 to 59 years	60 to 64 years	65+ years
Hepatitis A							✓ Two-dose	e series betwe months.	en 12 and 23						
Hepatitis B	~	~		~		~							~		
Rotavirus			✓ Two- or th	nree-dose ser	ries										
Diphtheria, tetanus, pertussis (DTaP)			~	~	~			V		V					
Tetanus, diphtheria, pertussis (Td/Tdap)											√ Tdap		(✓ Every 10 yea	ars
Haemophilus influenza type b (Hib)			✓ 3 to 4	doses; first d	lose at 2 mont months	ths, last dose	at 12 to 15								
Influenza (flu)					✓ Suggester and 8 year	ed each year f ars who are re	rom 6 month eceiving the v	s to 65+ years accine for the	of age; two do first time	oses at least	four weeks apa	art are recomn	nended for c	children betwe	en 6 months
Pneumococcal conjugate (PCV)			~	~	~		~								
Pneumococcal polysaccharide (PCV15, PCV20, PPSV23)															•
Measles, mumps, rubella (MMR)							~			~					
Inactivated polio virus (IPV)			~	~		~				V					
Human papillomavirus (HPV)											✓ Two- or three-dose series	,			
Meningococcal											MenACWY booster at MenB: Age),		V
Varicella (chickenpox)							~			~					~
Zoster														o-dose series t +; 2 to 6 montl	

✓ Shows when vaccines are suggested

Hepatitis A (ages 2 to 18): Minimum of 6 months required between the two doses. If you or your child has not had this vaccine before, talk to your doctor about a catch-up vaccine.

Hepatitis B: The first dose should be given within 24 hours of birth if the birth was outside of a hospital. Children may receive an extra dose (four-dose series) at 4 months if the combination vaccine is used after the birth dose. Individuals aged 60 and older should discuss potential vaccination with their doctor.

Rotavirus (RV): Receive a two-dose or three-dose series (depending on the brand of vaccine used).

Tdap (children through adults): If you or your child (age 7 or older) never received this vaccine, talk to the doctor about a catch-up vaccine.

Haemophilus influenza type b (Hib): Depending on the brand of vaccine, children should receive a three- or four-dose series.

Influenza (flu): Visit cdc.gov/flu to learn more about this vaccine. Children 6 months to 8 years getting the vaccine for the first time should receive two doses four weeks apart.

Pneumococcal (PCV15, PCV20, PPSV23): Adults age 65 and older who have not previously received PCV, or whose history is unknown, should follow the recommended schedule. If you have previously had a PSV13 vaccination, ask your doctor what dose is best for you.

Measles, mumps, rubella (MMR): Teens and adults should be up to date on their MMR vaccines.

Inactivated polio virus (IPV): Children should receive four doses of this vaccine between 2 months and 6 years old.

Human papillomavirus (HPV): Children who are 11 to 12 years old receive two doses of the HPV vaccine at least six months apart. (The vaccine series can start at age 9.) Teens and young adults who start the series later (ages 15 to 26) need three doses of the HPV vaccine to protect against cancer-causing HPV infection. Adults aged 27 to 45 should talk to their doctor to see if an HPV vaccine is right for them.

Meningococcal: When given to healthy teens who are not high risk for meningococcal disease, two doses of MenA,C,W,Y should be given. Vaccination is also recommended for children and adults at increased risk. Timing is based on the brand of vaccine used, the age the first dose was given, and individual risk factors. Individuals aged 16 to 23 who are not high risk should discuss getting a MenB vaccine with their doctor.

Varicella (chickenpox): Chickenpox vaccines are for children who have not had chickenpox.

Zoster: Two doses of the Shingrix (HZ/su) vaccine, given 2 to 6 months apart, is recommended for adults aged 50 and older, including those who previously received the Zostavax (shingles) vaccine.





Learn more about your plan and what services it covers by downloading the Engage Wellbeing mobile app or visiting anthem.com/ca.

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