

Preventive health guidelines

2022

Take steps today for a healthier future

Your health plan pays for certain tests to find diseases early, routine wellness exams, and shots to help you and your family stay well. This is called preventive care.

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

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics (AAP)
Bright Futures
- 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)

Your plan may not pay for all the services and treatments listed. To learn more about what your plan covers, either:

- Check the benefits section of your plan's member handbook. Go to **[anthem.com/inmedicaid](https://www.anthem.com/inmedicaid)**, then select "Member Resources" to view or download a copy of your member handbook.
- Call Member Services at the number on your member ID card.

Always get personal medical advice from your doctor.

This guide does not mention every condition and treatment. Ask the doctor which exams, tests, and vaccines are right for you or your child, when to receive them, and how often.



Serving Hoosier Healthwise, Healthy Indiana Plan,
and Hoosier Care Connect

Well-baby visits — birth to 2 years old

Infants need to be seen by a doctor at birth, at the following ages, and as the doctor suggests:

- 3-5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months

Babies who leave the hospital less than two days (48 hours) after birth need to be seen by a doctor within 2 to 4 days after being born. All infants should receive treatment with an eye ointment to prevent a possible infection passed to them during birth.

A well-baby visit may include the following:

- A full-body exam
- Vaccines
- Other tests and screenings as needed, including those listed below
- Talking about:
 - Newborn care, safety, and development
 - Nutrition and feeding
 - Parent and family health and well-being
 - Importance of minimizing exposure to ultraviolet (UV) radiation

Screenings	When to receive them
Weight, length, and head measurement	At each visit
BMI percentile*	At 24 months
Newborn disorders: <ul style="list-style-type: none"> • Hemoglobinopathies • Endocrine Disorders • Inborn Errors of Metabolism: <ul style="list-style-type: none"> ○ Amino Acid Disorders ○ Organic Acidemias ○ Fatty Acid Oxidation Disorders • Lysosomal Storage Disorders • Other Genetic Conditions 	Newborn. Screening must be completed prior to infant leaving hospital. Infants born at home must complete screening within 5 days of birth.
Critical congenital heart defect (birth defects of the heart)	At birth
Development — brain, body, and behavior	At each visit
Hearing	As a newborn and risk assessment at each visit
Vision	At each visit
Blood pressure	Check for risks at each visit
Oral and dental health	Referral to a dentist, if needed — begin yearly dental exams starting at 12 months Fluoride varnish when teeth start coming in (usually around 6 to 24 months old) Fluoride prescription based on your drinking water (from 6 to 24 months old)
Hemoglobin or hematocrit (blood count)	Once between 9 to 12 months; check for risks as the doctor suggests
Lead testing	At 12 and 24 months old; check for risks as the doctor suggests

*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. BMI percentile is used in children ages 2 to 19 to identify where a child falls in relation to other children.

Well-baby visits — birth to 2 years old continued

Screenings	When to receive them
Lipid disorder (cholesterol problems)	Check for risks at 24 months
Autism (a condition that affects social skills and the way one communicates)	At 9, 18, and 24 months
Maternal postpartum depression (after a mother gives birth)	At 1, 2, 4, and 6 months
Tuberculosis	Check for risks as the doctor suggests

Well-child visits — 2 1/2 to 10 years old

Depending on your child’s age, the doctor may talk with you about:

- How to promote healthy nutrition.
- Exercise, growth, safety, and healthy habits.
- Any learning or school issues.
- Emotional and behavioral health.
- Family and home living issues.
- Importance of minimizing exposure to UV radiation.

During the visit, your child may receive:

- A full-body exam.
- Vaccines.
- Other tests and screenings.

Screenings	When to receive them
Height, weight, BMI percentile*	Each year
Development — brain, body, and behavior	At each visit
Vision	Each year
Hearing	Each year beginning at age 4 Risk assessments at each visit before age 4 Referral to a dentist, if needed Dental exams each year
Oral and dental health	Fluoride varnish on the teeth when the dentist suggests (between 2 1/2 to 5 years old) Fluoride prescription based on your drinking water (between 2 1/2 to 10 years old)
Lead testing	Check for risks through age 6
Hemoglobin or hematocrit (blood count)	Check for risks each year
Blood pressure	Each year starting at age 3 Check for risks before age 3
Lipid disorder (cholesterol problems)	Once between ages 9 to 11 Check for risks at all other ages
Tuberculosis	Check for risks and test as the doctor suggests

*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. BMI percentile is used in children ages 2 to 19 to identify where a child falls in relation to other children.

Well-child visits — 11 to 20 years old

Depending on age, the doctor may talk about:

- **Growth and development**, such as oral health habits, body image, healthy eating, physical activity, and sleep.
- **Emotional well-being**, including mood control and overall behavioral health.
- **Safe sex**, especially reducing risks of sexually transmitted infections and diseases (STIs and STDs) and pregnancy.
- **Substance use**, whether that be drinking alcohol or using tobacco, e-cigarettes, or prescription or illegal drugs.
- **School performance.**
- **Family and home living issues.**
- **Safety**, such as seat belt use, helmet use, and sun protection.
- **Firearm safety** if you own or are around guns.
- **Intimate partner violence.**
- **Importance of minimizing exposure to UV radiation.**

During the visit, the doctor may give:

- A full-body exam.
- Vaccines.
- Other tests and screenings.

Screenings	When to receive them
Height, weight, BMI*	Percentile for those under age 19, then BMI each year
Development — mind, body, and behavior	Each year
Depression	Each year starting at age 12
Blood pressure	Each year
Vision	Each year
Hearing	Screen with audiometry, once between ages 11-14, once between 15-17, and once between ages 18-21
Oral and dental health	Each year Fluoride prescription based on your drinking water (between ages 11 to 16)
Hemoglobin or hematocrit (blood count)	Check for risks each year
Lipid disorder (cholesterol problems)	Once between ages 9 to 11 Once between ages 17 to 21 Risk assessment every other year
STIs including chlamydia and gonorrhea	Each year starting at age 11, if sexually active
Syphilis	Screen those at increased risk of infection

*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. BMI percentile is used in children ages 2 to 19 to identify where a child falls in relation to other children.

Well-child visits — 11 to 20 years old continued

Screenings	When to receive them
Human immunodeficiency virus (HIV)	Screen once between ages 15 to 20; check for risks each year Persons who are at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP)
Cervical dysplasia	Starting at age 11, if sexually active
Substance use disorder and tobacco addiction	Check for risks each year starting at age 11
Tuberculosis	Check for risks each year
Hepatitis C	Screen between the ages of 18 to 79 years; check for risks each year
Hepatitis B	Screen if at increased risk for infection

Wellness visits — adult women***

During your visit, the doctor may talk with you about:

- Diet and physical activity.
- Behavioral health, including depression.
- Oral and dental health.
- Tobacco use, or how to quit.
- Avoiding secondhand smoke.
- Drinking alcohol or using drugs.
- Skin cancer risks.
- Intimate partner violence.
- Importance of minimizing exposure to UV radiation.
- Importance of exercise in adults over age 65 in preventing falls.
- Family planning, including:
 - Safe sex (counseling may be provided to prevent sexually transmitted infections in adults at increased risk).
 - Birth control to help avoid unwanted pregnancy.
 - Spacing out pregnancies to have the best birth outcomes.
 - Folic acid supplements for those at childbearing age.

You may also receive vaccines and these screenings:

Screenings	When to receive them
Height, weight, BMI*	Each year or as your doctor suggests Those 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
BRCA gene risk assessment	As your doctor suggests for those 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
Breast cancer risk	As your doctor suggests those aged ≥ 35 years at increased risk for breast cancer Those 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** (breast X-ray)	Each year for ages 40 to 65+ Consider screening every two years from ages 50 to 74

* 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.

** Individuals 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.

*** Recommendations are stratified by “men” and “women,” although the net benefit estimates are driven by biological sex (i.e., male/female) rather than gender identity. Persons should consider their sex at birth and current anatomy and consult with their own clinician, if necessary, to determine which recommendation best applies to them.¹

¹ Caughey AB, Krist AH, Wolff TA, et al. USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services. JAMA. 2021 Oct 25; [Epub ahead of print].

Wellness visits — adult women continued

Screenings	When to receive them
Cardiovascular disease (CVD) risk assessment	<p>As your doctor suggests from ages 40 to 75 years</p> <p>Those who are at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine)</p> <p>Lipid screening may be required to assess the risk</p>
Cervical cancer	<p>For ages 21 to 29, a Pap test every three years</p> <p>For ages 30 to 65, either do a Pap test every three years or a human papillomavirus (HPV) test alone, or a combination Pap test and HPV test every five years</p> <p>Stop testing at age 65 if the last three Pap tests or last two co-tests (Pap plus HPV) within the last 10 years were normal. If there was an abnormal Pap test within the past 20 years, talk with your doctor. If you've had your cervix surgically removed, talk to your doctor about if and how often you may need a Pap test.</p> <p>From ages 45 to 70, your doctor may suggest one or more of these test options:</p> <p>Stool (feces) tests:</p> <ul style="list-style-type: none"> ○ Fecal immunochemical test (FIT) ○ FIT-DNA: stool and DNA combo test ○ Guaiac-based fecal occult blood test (gFOBT) <p>Visual tests:</p> <ul style="list-style-type: none"> ○ Colonoscopy (using a small camera on the end of a flexible tube to look at your entire colon) ○ CT colonography (using a CT scanner to take images of inside the colon) ○ Flexible sigmoidoscopy (using a small camera on the end of a flexible tube to look at the last part of your colon, called the sigmoid colon)
Colorectal cancer (of the colon and rectum)	
Chlamydia and gonorrhea	<p>Age 24 or younger if sexually active</p> <p>Age 25 and older if at increased risk for infection</p>
Syphilis	Screen those at increased risk of infection
Hepatitis B	Screen if at increased risk for infection
HIV	As your doctor suggests between ages 21 to 65 years. Persons who are at a high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Cholesterol	Statins (cholesterol medicine) may be needed for people ages 40 to 75 who have a higher risk of cardiovascular disease (such as heart disease)
Glucose (blood sugar) 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.

Wellness visits — adult women continued

Screenings	When to receive them
Hepatitis C	Screen between the ages of 18 to 79 years
Osteoporosis (checks how dense your bones are)	Testing should start no later than age 65 Those in menopause should talk to their doctor about osteoporosis and have the test if at risk
Lung cancer	Annual screening beginning at age 50 in those with a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Tuberculosis	Screen for latent infection in those at increased risk
Depression	Each year

Pregnancy

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

- What to eat.
- How to be active when pregnant.
- Avoiding tobacco, drugs, alcohol, and other substances.
- Breastfeeding, lactation supplies, and counseling.

Testing:

Your doctor may want you to have these screenings:

- **Depression** screenings (done during and after pregnancy)
- **Diabetes** screening for gestational diabetes at 24 weeks or later
- **Preeclampsia*** (high blood pressure that causes other problems during pregnancy)
- **Hematocrit/hemoglobin** (blood count)
- **Rubella immunity** (to find out which individuals need the rubella, aka German measles, vaccine after giving birth)
- **Rh(D) blood type and antibody testing** (checks to see if your blood type and your baby's blood type are compatible). If Rh(D) is negative, repeat the test at 24 to 28 weeks.
- **Hepatitis B** screening is recommended at the first prenatal visit
- **Hepatitis C**
- **HIV** screening is recommended in all pregnant persons whose HIV status is unknown, including those who present in labor or at delivery. Persons who are at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
- **Sexually transmitted infections and diseases** including syphilis chlamydia and gonorrhea
- **Urine** for asymptomatic bacteriuria, as your doctor suggests

*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.

Vaccines:

- **Flu:** If you are pregnant during flu season (October through March), your doctor may want you to have a 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, although it may be given at any time during pregnancy.

Other tests and screenings:

- **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 and more)
- **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 and more.

These and other tests can check the baby for health concerns. The right tests and the right times to do them depend on:

- Your age.
- Your medical history and family history.

Talk to your doctor about:

- Which tests may be best for you.
- What the tests can tell you about your baby.
- Any risks.

It's best to receive most vaccines before pregnancy. Check with your doctor to make sure their vaccines are up to date.

You should NOT receive these vaccines while you are pregnant:

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

Wellness visits — adult men**

During your visit, the doctor may talk with you about:

- Diet and physical activity.
- Behavioral health, including depression.
- Oral and dental health.
- Tobacco use, or how to quit.
- Avoiding secondhand smoke.
- Drinking alcohol and using drugs.
- Skin cancer risks.
- Family planning, including:
 - Safe sex (counseling may be provided to prevent sexually transmitted infections in adults at increased risk) and preventing unwanted pregnancy with a partner.
- Intimate partner violence.
- Importance of minimizing exposure to UV radiation.
- Importance of exercise in adults over age 65 in preventing falls.

You may also receive vaccines and these screenings:

Screenings	When to receive them
Height, weight, BMI*	Each year or as your doctor suggests Those 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)	Once between ages 65 to 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 years Those who are at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine) Lipid screening may be required to assess the risk From ages 45 to 75, your doctor may suggest one or more of these test options: Stool (feces) tests: <ul style="list-style-type: none"> ○ Fecal immunochemical test (FIT) ○ FIT-DNA: stool and DNA combo test ○ Guaiac-based fecal occult blood test (gFOBT) Visual tests: <ul style="list-style-type: none"> ○ Colonoscopy (using a small camera on the end of a flexible tube to look at your entire colon) ○ CT colonography (using a CT scanner to take images of inside the colon) ○ Flexible sigmoidoscopy (using a small camera on the end of a flexible tube to look at the last part of your colon, called the sigmoid colon)
Colorectal cancer (of the colon and rectum)	

*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.

** Recommendations are stratified by “men” and “women,” although the net benefit estimates are driven by biological sex (i.e., male/female) rather than gender identity. Persons should consider their sex at birth and current anatomy and consult with their own clinician, if necessary, to determine which recommendation best applies to them.¹

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Wellness visits — adult men continued

Screenings	When to receive them
Glucose (blood sugar) 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 between the ages of 18 to 79 years
Hepatitis B	Screen if at increased risk for infection
HIV	As your doctor suggests between ages 21 to 65 years. Persons at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Syphilis	Screen those 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	Annual screening begins at age 50 in those with a 20 pack-year smoking history and who currently smoke or have quit within the past 15 years.
Tuberculosis	Screen for latent infection in those at increased risk
Depression	Each year

Suggested vaccine schedule

For more information about vaccines, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

Vaccines ↓ Ages →	Birth	1-2 months	2 months	4 months	6 months	6-18 months	12-15 months	15-18 months	19-23 months	4-6 years	11-12 years	13-18 years	19-64 years	65+ years
COVID-19					2-dose or 3-dose primary series									
Hepatitis B	✓	✓				✓							✓	
Rotavirus (RV)			2-dose or 3-dose series											
Diphtheria, tetanus, and pertussis (DTaP)			✓	✓	✓			✓		✓				
Tetanus, diphtheria, and pertussis (Td/Tdap)											Tdap		Every 10 years	
Haemophilus influenzae type b (Hib)			3-4 doses between 2 to 15 months with 1st dose at 2 months, last dose at 12 to 15 months											
Pneumococcal conjugate (PCV13/PCV15)			✓	✓	✓		✓							
Inactivated poliovirus (IPV)			✓	✓		✓				✓				
Influenza (flu)					Suggested each year from 6 months to 65+ years; two doses at least four weeks apart are recommended for children between 6 months to 8 years old having the vaccine for the first time									
Measles, mumps, and rubella (MMR)							✓			✓				
Varicella (chickenpox)							✓			✓				
Hepatitis A							2-dose series between 12 to 23 months; taken 6 to 18 months apart							
Human papillomavirus (HPV)											2-dose series			
Meningococcal												MenB-FHb at ages 16 to 23		
												MenACWY at ages 11 to 12; booster at age 16		

COVID-19: 2-dose or 3-dose series (depending on the brand of vaccine used). Booster doses in individuals 5 years or older. Timing of booster is dependent upon brand of vaccine used and health status of the individual.

Hepatitis A (ages 2 to 18): If you or your child have 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 influenzae type b (Hib): Receive a three-dose or four-dose series (depending on the brand of vaccine used).

Pneumococcal conjugate (PCV13/PCV15): Either PCV13 or PCV15 can be used. Talk to the doctor if your child ages 14 to 59 months received an incomplete PCV13 series.

Influenza (flu): Visit [flu.gov](https://www.flu.gov) or [cdc.gov](https://www.cdc.gov) to learn more about this vaccine. Children 6 months to 8 years having the vaccine for the first time should have two doses four weeks apart.

Measles, mumps, and rubella (MMR) and varicella (chickenpox): Teens and adults should be up to date on their MMR vaccines. Chickenpox vaccines are for children who have not had chickenpox.

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 (at ages 15 to 26) need three doses of 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 at 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 first dose was received, and individual risk factors. For MenB, individuals aged 16 to 23 who are not high risk should discuss receiving a MenB vaccine with their doctor.

Suggested vaccine schedule

For more information about vaccines, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

Vaccines ↓ Ages →	Birth	1-2 months	2 months	4 months	6 months	6-18 months	12-15 months	15-18 months	19-23 months	4-6 years	11-12 years	13-18 years	19-64 years	65+ years
Pneumococcal (PCV13, PCV15, PCV20)													For those with an underlying medical condition or other risk factors.	✓
Pneumococcal polysaccharide (PPSV23)														✓
Zoster (HZ/su) recombinant vaccine														2-dose series for ages 50+; 2 to 6 months apart

Pneumococcal 13-valent conjugate (PCV13/PCV15/PCV20/ Pneumococcal polysaccharide (PPSV23): Adults aged 65 and older and certain adults younger than 65 who are at risk should receive a combination of vaccinations, depending upon personal medical and vaccination history. Ask your doctor what dose is best for you.

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



Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-284-1797 (Hoosier Care Connect); TTY 711.

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 844-284-1797 (Hoosier Care Connect); TTY 711.

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