

PREVENTIVE CARE RECOMMENDATIONS



Talk with your primary care provider about these preventive services.

How often and what kind of preventive care services you need depends on your age, gender, health and family history. Your provider may recommend additional tests, which may or may not be covered under your plan. Check your health plan benefits or call the number on the back of your member ID card for details on coverage.*

■ Men and women ■ Women only

HEALTHY ADULT GUIDELINES					
AGE	21 – 39	40 – 49	50 – 64	65 – 74	75+
CARDIOVASCULAR HEALTH					
Advice on nutrition, healthy weight and physical activity	Throughout adulthood				
Advice on avoiding tobacco exposure and use	Throughout adulthood				
Blood pressure measurement	At least annually				
Cholesterol (lipid) screening	Performed depending on risk				
Diabetes screening	Ages 40 – 70 and adjusted by health care provider based on risk				
CANCER PREVENTION					
Breast cancer screening (2D and 3D mammograms may be covered)			Age 50 – 74, every 2 years. May start earlier and be performed more frequently depending upon risk. Discuss your risk with your doctor.		
Colorectal cancer screening (Stool test, flexible sigmoidoscopy, colonoscopy) Frequency depends on type of test and risk factors			Age 50 – 74. May start younger if at risk.		
Cervical cancer screening	Age 21 – 29: PAP test every 3 years Age 30 – 65: PAP test every 3 years or if high-risk, human papillomavirus (HPV) every 5 years or HPV with PAP test every 5 years				
Lung cancer screening			Age 55 – 80: Low-dose CT scan, depending on smoking history, as determined by health care provider		
SAFETY					
Intimate partner violence and elder abuse	All women of childbearing age and vulnerable adults				
Information on safety and injury prevention	Throughout adulthood				

HEALTHY ADULT GUIDELINES					
AGE	21 – 39	40 – 49	50 – 64	65 – 74	75+
OTHER					
Immunizations (vaccines)	See Immunization Schedules at cdc.gov/vaccines/schedules				
Osteoporosis (bone density) screening	Start at age 55 or based on risk assessment by health care provider for postmenopausal women.				
Hepatitis C screening	People born between 1945 and 1965 and those at high risk for infection				
Chlamydia test	Start before age 25, annually, if sexually active. Screen age 25 and older, depending upon risk assessment.				
Advice on sexual health	Throughout adulthood				
Human immunodeficiency virus (HIV) screening	Once for everyone, repeat screenings depending upon risk assessment by health care provider				
Depression screening	Throughout adulthood				
Drug and/or alcohol use screening and prevention	Throughout adulthood				

Child and adolescent

HEALTHY CHILD AND ADOLESCENT GUIDELINES					
AGE	0 – 2	3 – 5	6 – 12	13 – 17	18 – 20
Advice on nutrition, healthy weight, physical activity and oral health	Each well-child visit or annually				
Immunizations (vaccines)	See immunization schedules at cdc.gov/vaccines/schedules				
Development and mental health screening – includes autism and depression	Development and mental health assessment. Surveillance throughout lifetime.				
Hearing and vision screening	Annually				
Advice on safety and injury prevention – includes advice on bullying, use of helmets during athletic activities, and seat belt use	Each well-child visit or annually. Helpful advice for caregivers available at healthychildren.org .				
Advice on avoiding tobacco and risk of second hand smoke exposure	Each well-child visit or annually				
Lead exposure screening and testing	Discuss exposure risk with provider			Age 9 to 11	
Cholesterol (lipid) screening Consider family history or other risks; discuss with provider				Age 9 to 11	
Advice on sexual health and development – testing for chlamydia and other sexually transmitted infections, as needed				Pediatricians can provide counseling and education and administer tests as necessary	

HEALTHY PREGNANCY GUIDELINES
Advice on abstaining from alcohol and tobacco
Advice on nutrition, healthy weight and physical activity
Advice on breastfeeding
Gestational diabetes mellitus (GDM) test
Infection screening tests (group B strep, hepatitis B, HIV, syphilis and others)
Anemia and Rh compatibility test

*Not all items on this list are covered benefits for all individuals or all products or groups with Blue Cross or Blue Plus. Inclusion of a service or items on this list does not guarantee coverage. Additional requirements may apply. Tests ordered during a preventive care visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or illness are not preventive care and are subject to deductibles, copays and/or coinsurance.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိန်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.

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