

# 2017 General Wellness Guidelines: To discuss with your Health Care Provider

## Adult (age 19+) Wellness Schedule Be sure to review your plan benefits to determine your costs for these services.

| Routine Health Guide                                                                                                    |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annual Wellness and Routine Check-up                                                                                    | Annually                                                                                                                                                           |
| Obesity Screening: Diet/Physical Activity/BMI Counseling                                                                | Annually                                                                                                                                                           |
| Vision and Dental Exam (These services may not be covered by your medical benefits plan. Check your plan documents.)    | Annually: Discuss with your doctor                                                                                                                                 |
| Recommended Diagnostic Checkups and Screenings for At-Risk Patients                                                     |                                                                                                                                                                    |
| Abdominal Aortic Aneurysm (AAA) Check                                                                                   | One-time screening for ages 65 to 75 who have ever smoked or have a family history of AAA                                                                          |
| Bone Mineral Density Screening and prescribed medication for Osteoporosis                                               | Women beginning at age 65 or older; and in younger women who have an increased risk                                                                                |
| Cholesterol Screening                                                                                                   | Age 35+; Age 20-35 at risk Annually: All Men; Age 45+; Age 20-45 at risk Annually: All Women                                                                       |
| Colorectal Cancer Screening and Counseling                                                                              | Age 50-75; Colonoscopy or fecal occult blood test or sigmoidoscopy                                                                                                 |
| Mammogram                                                                                                               | Annually at age 40.                                                                                                                                                |
| Pap Test/Pelvic Exam                                                                                                    | Women age 21-65 should have Pap Test every 3 years or women age 30-65 should have Pap Test/HPV combined testing every 5 years; Ages 65+: Discuss with your doctor. |
| HIV and other Sexually Transmitted Infections (STIs) Screening and Counseling                                           | As indicated by history and/or symptoms. Discuss with your doctor behavioral risks                                                                                 |
| Lung Cancer Screening and Counseling                                                                                    | Ages 55-80; 30 pack smoker history, current smoker/quit within past 15 years                                                                                       |
| Prostate Cancer Screening                                                                                               | Discuss with your doctor                                                                                                                                           |
| Skin Cancer Screening                                                                                                   | Discuss with your doctor                                                                                                                                           |
| Guidance                                                                                                                |                                                                                                                                                                    |
| Screen/Counseling: Depression, Obesity, Tobacco, Alcohol, Substance Abuse and Pregnancy                                 | Every visit, or as indicated by your doctor                                                                                                                        |
| Fall Risk/Unintentional Injury/Domestic Violence Prevention/Seat Belt Use                                               | Discuss exercise, home safety and vitamin D supplementation with your doctor                                                                                       |
| Medication List (including over-the-counter and vitamins) for potential interactions                                    | Every visit, or as indicated by your doctor                                                                                                                        |
| Advance Directives/Living Will                                                                                          | Annually                                                                                                                                                           |
| Immunizations* (Routine Recommendations)                                                                                |                                                                                                                                                                    |
| Tetanus, Diphtheria, Pertussis (Td/Tdap)                                                                                | Ages 19+: Tdap vaccine once, then a Td booster every 10 years                                                                                                      |
| Flu (Influenza)                                                                                                         | Annually during flu season                                                                                                                                         |
| Pneumococcal PCV13 and PPSV23                                                                                           | Ages 19-64: if risk factors are present; Ages 65+: 1-2 doses (per CDC); Ages 50+: 1 dose (Florida Blue Benefits)                                                   |
| Shingles (Zoster)                                                                                                       | Ages 60+: 1 dose (per CDC); Ages 50+: 1 dose (Florida Blue Benefits)                                                                                               |
| Haemophilus Influenzae Type b (HIB) Hepatitis A, Hepatitis B, Meningococcal                                             | Ages 19+: if risk factors are present                                                                                                                              |
| Human Papillomavirus (HPV), Measles/Mumps/Rubella (MMR), Varicella (Chickenpox) & Hepatitis C (HCV) Infection Screening | Physician recommendation based on past immunization or medical history                                                                                             |

\* Some immunizations are contraindicated for certain conditions, discuss with your doctor.



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### Live a Healthy Lifestyle

- Get your annual wellness exam to review your overall health and keep follow-up visits with your doctor.
- Find out if you are at risk for health conditions such as diabetes.
- Get your vaccines, preventive screenings and labs.
- Human Papillomavirus (HPV) vaccine 3 dose series is recommended for men and women ages 19 through 26 years if not previously vaccinated prior to age 13.
- Talk with your doctor about the medications and over-the-counter/ vitamins you are taking to reduce side effects and interactions.
- Get a Flu Vaccine every year to prevent illness and related hospitalizations.

### We're here to help:

#### Call

#### Customer Service

1-800-FLA-BLUE (1-800-352-2583)  
TTY/TDD Call 711

#### Care Consultant Team

1-888-476-2227

#### 24-Hour Nurseline

1-877-789-2583

Go to [floridablue.com](http://floridablue.com)

### Visit a Florida Blue Center

Go to [floridabluecenters.com](http://floridabluecenters.com) for locations or call 1-877-352-5830

Sources: These guidelines are recommendations from the organizations listed below and were not developed by Florida Blue.

[www.ahrq.gov](http://www.ahrq.gov)

[www.cdc.gov](http://www.cdc.gov)

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## Children & Adolescents (Birth–18 years of age) Wellness Schedule

### Routine Health Guide

|                                                                                                                                   |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Wellness Exam and Autism/Development Behavioral Assessment                                                                        | Newborn up to age 3: Frequent Wellness Check-ups;<br>Age 3-18: Annual Wellness Check-up                                        |
| Body Mass Index (BMI): Height and Weight                                                                                          | Every visit, BMI beginning at age 2                                                                                            |
| Blood Pressure                                                                                                                    | Annually, beginning at age 3                                                                                                   |
| Hearing/Dental/Vision Screenings<br>(These services may not be covered by your medical benefits plan. Check your plan documents.) | Hearing: Newborn then annually beginning at Age 4; Dental: Regularly, beginning at age 1; Vision: Annually, beginning at age 3 |

### Recommended Screenings for At-Risk Patients

|                                                                               |                                                    |
|-------------------------------------------------------------------------------|----------------------------------------------------|
| Cholesterol Screening                                                         | Annually, beginning at age 2                       |
| Lead test, TB, Sickle Cell and Blood Sugar                                    | As indicated by history and/or symptoms            |
| HIV and other Sexually Transmitted Infections (STIs) Screening and Counseling | Discuss with your doctor based on behavioral risks |
| Skin Cancer Screening                                                         | Discuss with your doctor                           |

### Guidance

|                                                                               |                                                                     |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Injury/Violence Prevention                                                    | Annually, more often if indicated by your doctor                    |
| Diet/Physical Activity/Emotional Well-Being Counseling                        | Every visit                                                         |
| Tobacco/Alcohol/Substance Abuse/Depression/Pregnancy Screening and Counseling | Every visit starting at age 11, earlier if indicated by your doctor |

| Immunizations*                        | Birth    | 1 month  | 2 months | 4 months | 6 months                                                             | 12 months                   | 15 months | 18 months | 24 months | 4-6 years | 11-12 years   | 13-14 years | 15 years | 16-18 years |
|---------------------------------------|----------|----------|----------|----------|----------------------------------------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|---------------|-------------|----------|-------------|
| Hepatitis A                           |          |          |          |          |                                                                      | 2 dose series, 12-23 months |           |           |           |           |               |             |          |             |
| Hepatitis B                           | 1st dose | 2nd dose |          |          | 3rd dose                                                             |                             |           |           |           |           |               |             |          |             |
| Diphtheria, Tetanus, Pertussis (DTaP) |          |          | 1st dose | 2nd dose | 3rd dose                                                             |                             | 4th dose  |           |           | 5th dose  |               |             |          |             |
| Tetanus, Diphtheria, Pertussis (Tdap) |          |          |          |          |                                                                      |                             |           |           |           |           | 1st dose      |             |          |             |
| Haemophilus Influenzae Type b (Hib)   |          |          | 1st dose | 2nd dose | 3rd or 4th dose, see footnote **                                     |                             |           |           |           |           |               |             |          |             |
| Inactivated Poliovirus                |          |          | 1st dose | 2nd dose | 3rd dose                                                             |                             |           |           |           | 4th dose  |               |             |          |             |
| Measles, Mumps, Rubella (MMR)         |          |          |          |          |                                                                      | 1st dose                    |           |           |           | 2nd dose  |               |             |          |             |
| Varicella                             |          |          |          |          |                                                                      | 1st dose                    |           |           |           | 2nd dose  |               |             |          |             |
| Pneumococcal PCV13 and PPSV23         |          |          | 1st dose | 2nd dose | 3rd dose                                                             | 4th dose                    |           |           |           |           |               |             |          |             |
| Flu (Influenza)                       |          |          |          |          | 6 months through 8 years 1 or 2 doses; 9 years and older 1 dose only |                             |           |           |           |           |               |             |          |             |
| Rotavirus                             |          |          | 1st dose | 2nd dose | 3rd dose, see footnote **                                            |                             |           |           |           |           |               |             |          |             |
| Meningococcal                         |          |          |          |          |                                                                      |                             |           |           |           |           | 1st dose      |             |          | booster     |
| Human Papillomavirus (HPV)            |          |          |          |          |                                                                      |                             |           |           |           |           | 3 dose series |             |          |             |

\* These are routine immunizations based upon cdc.gov recommendations. Range of recommended ages for catch-up or certain high-risk groups is at the doctor's discretion based on the member's family history and personal risk factors.

\*\* Dosages determined by doctor with the type of brand vaccine used.

### Are your children up-to-date with vaccinations?

Getting the recommended sequence of vaccinations is always a good idea to protect your child from illnesses from birth to 18 years of age. Most of these vaccinations require additional doses or boosters over time. As children grow up to become teenagers, they may come in contact with different diseases. Here are vaccines that can help protect your preteen or teen from these other illnesses and infections:

#### Tdap Vaccine

Age 11 or 12. Protects against tetanus (lock jaw), diphtheria and acellular pertussis (whooping cough). This is a booster shot of the same vaccine given during early childhood.

#### Meningococcal Vaccine (MCV4)

Two doses beginning at 11 or 12 years, with a booster dose at age 16. Protects against meningitis, sepsis (a blood infection) and other meningococcal diseases. Children with higher risk factors may need additional doses.

#### Human Papillomavirus (HPV) Vaccine

Three doses over six months, beginning at ages 11 and 12. Protects boys and girls against HPV, which can lead to cancers and genital warts.

#### Flu Vaccine

Every year after six months of age.

Protects individuals from getting the influenza virus.

Keep your teens safe from preventable, painful and life-threatening diseases by staying in touch with your pediatrician's office or health clinic. Be sure to verify your benefits for preventive services.

Sources: These guidelines are recommendations from the organizations listed below and were not developed by Florida Blue.

[www.cdc.gov](http://www.cdc.gov)

[www.aap.org](http://www.aap.org)