

Preventive Screening Guidelines for Healthy Adults

Getting preventive care is one of the most important steps you can take to manage your health. Regular checkups with your doctor can help identify lifestyle changes you can make to avoid certain conditions, and can lead to earlier diagnosis and easier treatment. Talk to your doctor about which screenings and immunizations are right for you.

Please see the screening guidelines below to check if you're up-to-date.¹

Well Visit	18–21 years	22–26 years	27–49 years	50–59 years	60–64 years	65+ years
Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Annually	Every 1-3 years, depending on risk factors		Annually		
Cancer Screenings						
Colorectal Cancer	Not routine, except for patients at high risk. For African American adults without risk factors, start screenings at age 45.			Colonoscopy at age 50 and then every 10 years, or annual fecal immunochemical test (FIT). If unable to follow either of these screening regimens, a computed tomographic colonography every 5 years, a FIT-fecal DNA every 3 years, or a flexible sigmoidoscopy every 5-10 years. If unable to follow any of these recommendations, a capsule colonoscopy every 5 years. For ages 75-85, talk to your doctor about having a screening. These screenings are not recommended for ages 86 and older.		
Skin Cancer	Annual total skin exam at discretion of doctor					
Breast Cancer (Women)	Mammograms before age 50 years are performed after discussing risks and benefits with a doctor			Mammography every 2 years, or more frequently based on risk factors and shared decision making, from ages 50–74. After age 75, discuss benefits and limitations with a doctor.		
Cervical Cancer (Women)	Cytology (Pap Smear) every 3 years from ages 21–65, or cytology with HPV every 5 years from ages 30–65					Discontinue cytology after age 65 if documented evidence has consistently negative results.
Testicular and Prostate Cancer (Men)			Discuss with a doctor the need for a prostate-specific antigen (PSA) screening between ages 40-69. For ages 70 and older, PSA screening is not recommended.			
Sensory Screenings						
Eye Exam	<ul style="list-style-type: none"> For individuals with diabetes, complete dilated eye exams annually Every 2-4 years between ages 40-54 Every 1-3 years between ages 55-64 For African American adults ages 40 and older, consider glaucoma screening with a dilated eye exam every 2 years For ages 60 and older, complete glaucoma screening with dilated eye exam every 2 years 					Every 1-2 years
Hearing Assessment	Unnecessary if symptom-less					

Infectious Disease Screening	18–21 years	22–26 years	27–49 years	50–59 years	60–64 years	65+ years
Zika Virus	Screening recommended for women of child-bearing age based on risk factors. Advise men who have been exposed to or have had Zika to refrain from sexual activity that may lead to pregnancy for at least 6 months.					
Chlamydia and Gonorrhea	<ul style="list-style-type: none"> Annual chlamydia screening for all sexually active women younger than age 25 and sexually active women ages 25 and older with risk factors (e.g., a history of chlamydia or other sexually transmitted infection, new or multiple sex partners, sex partner with concurrent partners, sex partner with a sexually transmitted infection, or exchanging sex for drugs or money) Routine gonorrhea screening recommended for sexually-active individuals at high risk of infection 					
HIV	Routine screenings for patients ages 18 and older, and annual for those at increased risk					
Syphilis	Screenings for all pregnant women, and those at increased risk					
Immunizations						
Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose: Tdap; Td every 10 years					
Influenza	1 dose annually					
Pneumococcal	Pneumococcal conjugate vaccine (PCV13): 1 dose given first Pneumococcal polysaccharide vaccine (PPSV23): 1 or 2 doses if indicated					Once, even if previously vaccinated
Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection					
Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains					
Varicella (Chickenpox)	2 doses 4–8 weeks apart without evidence of immunity					
Herpes Zoster (Shingles)				2 doses of recombinant zoster vaccine (RZV) at age 50 or older (preferred) or 1 dose of zoster live-attenuated vaccine (ZVL) at age 60 or older		
Human Papillomavirus (HPV)	2 or 3 doses depending on age at time of first immunization					
Hepatitis A	2 or 3 doses if not previously immunized, or if at risk					
Hepatitis B	3 doses if not previously immunized					
Haemophilus Influenzae Type B	<ul style="list-style-type: none"> 1 dose for patients with asplenia or sickle cell anemia 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT) 					
Other Recommended Screenings						
Body Mass Index (BMI)	Annually					
Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years					
Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL					

Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed. These guidelines are generally for healthy adults with no current symptoms or prior history of medical conditions.

1. These guidelines were developed by Massachusetts Health Quality Partners (MHQP), a broad-based coalition of health care providers, plans, and purchasers working together to promote improvement in the quality of health care services in Massachusetts. Blue Cross Blue Shield of Massachusetts is an MHQP member.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación **(TTY: 711)**.

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID **(TTY: 711)**.



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