



Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccines

Blue Cross and Blue Shield of Oklahoma wants your child to be well.

Children's Wellness Guidelines

Laying the Groundwork for a Healthy Tomorrow

Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider* and follow immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:

- Check your child's Body Mass Index percentile regularly beginning at age 2
- Check blood pressure yearly, beginning at age 3
- Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10
- Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

Learn more from your child's doctor or at [healthychildren.org](https://www.healthychildren.org).

Please note: These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

*A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Vaccine and other immunizing agents	Birth	1 mos		2 mos		4 mos		6 mos		9 mos		12 mos		15 mos		18 mos		19-23 mos		2-3 years		4-6 years		7-10 years		11-12 years		13-15 years		16 years		17-18 years	
		1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose	1st dose	2nd dose		
Respiratory syncytial virus (RSV-mAb [nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)										1 dose (8-19 months), See Notes																						
Hepatitis B (HepB)	1st dose	2nd dose											3rd dose																				
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose			1st dose	2nd dose	See Notes																								
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose			3rd dose			4th dose																							
Haemophilus influenzae type b (Hib)			1st dose	2nd dose			3rd dose			3rd or 4th dose																							
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose			3rd dose			4th dose																							
Inactivated poliovirus (IPV)			1st dose	2nd dose											3rd dose																		
COVID-19 (1vCOV-mRNA, 1vCOV-PPS)											See Notes																						
Influenza (IV3, CCIV3)											1 or 2 doses annually										1 or 2 doses annually		1 dose annually										
Influenza (LAIV3)																					1 or 2 doses annually		1 dose annually										
Measles, mumps, rubella (MMR)			See Notes		1st dose		2nd dose																										
Varicella (VAR)			See Notes		1st dose		2nd dose																										
Hepatitis A (HepA)			See Notes		2-dose series (See Notes)																												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)			1 dose												See Notes																		
Human papillomavirus (HPV)																																	
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes																														
Meningococcal B (MenB-4C, MenB-FHbp)													See Notes																				
Respiratory syncytial virus vaccine (RSV [Abrysvo])													Seasonal administration during pregnancy (See Notes)																				
Dengue (DEN4CYD: 9-16 yrs)													Seropositive in endemic dengue areas (See Notes)																				
Mpox																																	

Range of recommended ages for all children
 Range of recommended ages for catch-up vaccination
 Range of recommended ages for certain high-risk groups or populations
 Recommended vaccination can begin in this age group
 Vaccination is based on shared clinical decision-making
 No guidance/Not Applicable

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Health Care Coverage Is Important For Everyone

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To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsok.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
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中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
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فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
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