

Preventive Screening Guidelines for Healthy Adults*

Routine Checkups	18–29 years	30–39 years	40–49 years	50–64 years	65+ years
Includes personal history; blood pressure; Body Mass Index (BMI); physical exam; preventive screening; and counseling	Annually for ages 18–21	Every 1–3 years depending on risk factors**		Annually	Annually
Cancer Screenings					
Colorectal Cancer	Not routine except for patients at high risk**			Colonoscopy at age 50 and then every 10 years, or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, or sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years	
Skin Cancer	Periodic total skin exams every 3 years at discretion of clinician		Annual total skin exam at discretion of clinician		
Breast Cancer (Women)	Annual clinical breast exam and monthly self-exam				
			Annual mammography at discretion of clinician	Annual mammography	Annual mammography at discretion of clinician
Cervical Cancer (Women)	Initiate Pap test at 3 years after first sexual intercourse, or by age 21 every 1-3 years;*** depending on risk factors**				
Testicular and Prostate Cancer (Men)	Clinical testicular exam every 1–3 years and monthly self-exam		Digital Rectal Exam (DRE) or prostate specific antigen (PSA) blood test if at high risk**	Annual Digital Rectal Exam (DRE) or prostate specific antigen (PSA) blood test at discretion of clinician	
Other Recommended Screenings					
Body Mass Index (BMI)	At discretion of clinician				
Blood Pressure (Hypertension)	At every acute/nonacute medical encounter and at least once every 2 years				
Cholesterol	Every 5 years or more often at discretion of clinician				
Diabetes (Type 2)			Every 3 years beginning at age 45 or more often and beginning at a younger age at discretion of clinician		
Bone Mass Density Test (Women)					Once, or more often at discretion of clinician
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, and Syphilis)	Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk**				
Sensory Screenings					
Eye Exam for Glaucoma	At least once. Every 3–5 years if at risk**		Every 2–4 years		Every 1–2 years
Hearing and Vision Assessment	At discretion of clinician				
Immunizations					
Tetanus, Diphtheria (Td)	3 doses if not previously immunized. Booster every 10 years				
Influenza	Every year if at high risk**				Annually
Pneumococcal	If at high risk** and not previously immunized				Once after age 65, even if previously vaccinated
Meningococcal	1 or more doses if not previously immunized, depending on risk factors and other indicators**				
Varicella (Chicken Pox)	2 doses given at or after age 13 if susceptible**				

*Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed.

**Contact your physician to determine if you are at risk.

***Pap test may be performed at three-year intervals only after three consecutive negative results

The following screening tests and vaccinations are not routinely recommended, but may be appropriate depending on your age and/or risk: HIV test (HIV/AIDS); Hepatitis A, B, and C tests; Glucose (Type II Diabetes) test; Tuberculosis skin test; and Measles, Mumps, Rubella, and Hepatitis A and B vaccines.

The Preventive Screening Guidelines for Healthy Adults are general guidelines for healthy adults with no current symptoms or personal history of medical conditions. People with medical conditions, or those with a family history for certain diseases, should talk with their doctor about the right recommendations for them.

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.