



# PREVENTIVE

An ounce of prevention leads to a lifetime of good health.

From immunizations and routine check-ups to certain tests and screenings, routine preventive care is important. These charts reflect the preventive care guidelines supported by the medical community and Blue Cross and Blue Shield of Kansas City (Blue KC). Please note the guidelines set forth by the Centers for Disease Control and Prevention are updated periodically. Refer to [cdc.gov/vaccines](https://www.cdc.gov/vaccines) to access the most up to date immunization schedules.

COVID-19 Vaccine – Immunization Schedule	
COVID-19 Vaccine – Primary Series	
Age 6 months–4 years:	2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)
Age 5–11 years:	2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)
Age 12–64 years:	2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)
Age >65 years:	2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech) People aged 65 years and older may get one additional dose of COVID-19 vaccine, four or more months after the first updated COVID-19 vaccine.

People who are moderately or severely immunocompromised may get one additional dose of updated COVID-19 vaccine, two or more months after the last updated COVID-19 vaccine. Talk to your healthcare provider about additional updated doses.

## COVID-19 Vaccine - Booster Dose

For booster dose recommendations see [www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html)

Babies & Children		Babies: Birth - 24 months										Children: 3 - 10 years							
		Birth	1	2	4	6	9	12	15	18	24	3	4	5	6	7	8	9	10
Tests / Exams	Well Child Exam	•	•	•	•	•	•	•	•	•	•	•	•	•	Every 1 - 2 years				
	Lead Risk Assessment/Testing <sup>1</sup>							•			•								
	Blood Pressure											Regularly, as recommended by child's doctor							
	Anemia Screening					As recommended by child's doctor													
Immunizations	Hepatitis B (HepB)	HepB #1	HepB#2			Hep B#3, one time as recommended by child's doctor													
	Rotavirus (RV)			•	•	•													
	Diphtheria, Tetanus, Pertussis (DTaP)			DTaP	DTaP	DTaP		DTaP					DTaP						
	Haemophilus Influenza (Hib) <sup>2</sup>			•	•	•		Hib											
	Pneumococcal Conjugate (PCV13)			•	•	•		PCV13											
	Polio (IPV)			•	•	IPV						IPV							
	Measles, Mumps, Rubella (MMR)							MMR					MMR						
	Chicken Pox (Var)							Var					Var						
	Hepatitis A (HepA) <sup>3</sup>							HepA											
	Influenza					Annually (IIV only)							Annually (IIV or LAIV)						

<sup>1</sup> Lead exposure risk assessment starting at 6 months. Blood Lead levels at 12 months and 24 months. Certain geographic regions may pose a greater risk to your child. Talk to your doctor to determine if additional testing is appropriate for your child through age 6.

<sup>2</sup> Some vaccine series require only 3 doses.

<sup>3</sup> Administer two doses at least six months apart. Children not fully vaccinated by age two years can be vaccinated at subsequent visits. Hepatitis A is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against Hepatitis A is desired.

Preventive services are covered by most health plans. Deductibles and copays may apply. Please refer to your health plan contract for your specific healthcare coverage.

Teens & Adults		Teens: 11 - 18 years								Adults: 19 - 65+ years											
		11	12	13	14	15	16	17	18	19	20	21-25	30	35	40	45	50	55	60	65+	
	Physical Exam - Height, Weight, Blood Pressure and Skin Cancer Screen	Every 1 - 2 years																			
	Blood Pressure	Regularly, as recommended by your doctor																			
	Self Breast Exam									Monthly											
Test/Screenings	Cholesterol Routine Screening	•									Every 1 - 5 years										
	Diabetes Screening <sup>1</sup>														Annually						
	Women – Mammogram <sup>5</sup>														Every 1-2 years, ages 40-74						
	Women – Pelvic Exam/Pap Test											Every 3 - 5 years, as recommended by your doctor									
	<b>Colon Cancer Screening <sup>2</sup></b>																				
	• Stool Occult Blood															Annually					
	• Sigmoidoscopy															Every 5 years					
	• Colonoscopy															Every 10 years					
	Thyroid Stimulating Hormone (TSH)																			Age 65	
Immunizations	Diphtheria, Tetanus (Td/ Tdap) <sup>3</sup>	Tdap								Every 10 years											
	Meningococcal (MenACWY)	MenACWY					Booster														
	HPV Females 4 and Males <sup>4</sup>	HPV*								HPV (3 doses) (if not received as a child)											
	Pneumococcal (PCV13 and PPSV23)																		1 dose		
	Shingles															2 doses					
	Influenza	Annually																			

These guidelines are based on recommendations from the following: U.S. Preventive Services Task Force, American Cancer Society, U.S. Centers for Disease Control, American Academy of Pediatrics, American Academy of Family Physicians and the American College of Obstetricians and Gynecologists, 2010.

1 For higher-risk individuals (those with high blood pressure, elevated cholesterol, coronary artery disease or who are obese/overweight, an earlier cholesterol screening may be necessary between the age of 9-11).

2 For those with family history of colorectal cancer, screening should begin by age 40.

3 Substitute one-time dose of Tdap for Td booster. Boost with Td every 10 years.

4 A complete series consists of three doses. The second dose two months after first, the third six months after first, if you did not receive the 3-shot series as a child. \*2-3 doses depending on age of first dose. If receiving as an adult male, three doses should be administered between the ages of 19-21.

5 Screening for breast cancer by mammography in average-risk women no earlier than 40 and no later than 50. Screening mammography should occur at least biennially and as frequently as annually.

Pregnancy - Prenatal/Postpartum Resources		Contact our RN Care Managers at <b>816-395-2060</b> .	
First Visit	Prior to 14 weeks		
Prenatal Visits	Monthly visits, 4 - 28 weeks	One visit every two weeks, 28-36 weeks	Weekly visits after 36 weeks, until delivery
Postpartum Visits	Within 6 weeks from giving birth		

For more information on prevention and wellness, visit our website at **BlueKC.com**.