



BlueCross BlueShield
of Alabama



Preventive Screening and Immunization Guidelines for Adults

Early detection is the key to beating many illnesses and diseases. Getting the right tests at the right time can increase chances of treatment success and survival. Ask your doctor what's right for you.



Preventive Screening Guidelines for Adults

These preventive guidelines are based on national recommendations and may not be covered by your group plan. Please review your benefit plan for coverage information.

Test or Screening	Values	FREQUENCY (Frequency of screening may differ based on physician recommendations.)				
		18 - 39 YEARS	40 - 49 YEARS	50 - 59 YEARS	60 - 69 YEARS	70 AND UP
BLOOD PRESSURE						
Blood Pressure screening is recommended for all adults	<ul style="list-style-type: none"> Optimal: less than 120/80 Pre-hypertension: 120-149/80-89 High blood pressure: greater than 140/90 	Every 2 years if blood pressure is less than 120/80 OR annually if blood pressure is greater than 120/80	Every 2 years if blood pressure is less than 120/80 OR annually if blood pressure is greater than 120/80	Every 2 years if blood pressure is less than 120/80 OR annually if blood pressure is greater than 120/80	Every 2 years if blood pressure is less than 120/80 OR annually if blood pressure is greater than 120/80	Every 2 years if blood pressure is less than 120/80 OR annually if blood pressure is greater than 120/80
CHOLESTEROL						
Cholesterol screening is recommended for men ages 35 and older, and women and younger men who are at risk for cardiovascular disease.	<ul style="list-style-type: none"> Desirable: less than 200 mg/dL Borderline high: 200-239 mg/dL High cholesterol: greater than 240 mg/dL 	Women: As directed by physician	Women: As directed by physician	Women: As directed by physician	Women: As directed by physician	Women: As directed by physician
		Men: As directed by physician until age 35, then every 5 years	Men: Every 5 years	Men: Every 5 years	Men: Every 5 years	Men: Every 5 years
DIABETES¹						
Fasting Plasma Glucose Test is recommended for adults with blood pressure greater than 135/80	<ul style="list-style-type: none"> Desirable: less than 100 mg/dL Impaired/Pre-diabetes: 100-126 mg/dL Diabetes: greater than 126 mg/dL 	Every 3 years OR as directed by physician	Every 3 years OR as directed by physician	Every 3 years OR as directed by physician	Every 3 years OR as directed by physician	Every 3 years OR as directed by physician
OSTEOPOROSIS						
Dual-energy X-ray Absorptiometry (DXA) screening is recommended for women 65 or older, or younger if at high risk, or recommended by physician		If at high risk OR as directed by physician	If at high risk OR as directed by physician	If at high risk OR as directed by physician	Every 2 years or longer	Every 2 years or longer
COLORECTAL CANCER²						
High-Sensitivity Fecal Occult Blood Test (FOBT) or Stool Test or Fecal Immunochemical Test (FIT)		Screen earlier if at risk	Screen earlier if at risk	Annually	Annually	Annually
Flexible Sigmoidoscopy (Flex Sig) ^{3,4}		Screen earlier if at risk	Screen earlier if at risk	Every 5 years,with fecal occult blood testing every 3 years	Every 5 years,with fecal occult blood testing every 3 years	Every 5 years,with fecal occult blood testing every 3 years
Colonoscopy		Screen earlier if at risk	Screen earlier if at risk	Every 10 years	Every 10 years	Every 10 years
BREAST CANCER²						
Mammogram			Every 1-2 years OR as directed by physician	Every 1-2 years	Every 1-2 years	Every 1-2 years
Clinical Breast Examination (CBE) ⁵		As directed by physician		As directed by physician	As directed by physician	As directed by physician
CERVICAL CANCER						
Pap Smear		Every 1-3 years beginning at age 21	Every 1-3 years	Every 1-3 years	Every 1-3 years until age 65	
Pap Smear with HPV Test		Every 5 years beginning at age 30	Every 5 years	Every 5 years	Every 5 years until age 65	
TESTICULAR CANCER <i>The low incidence of testicular cancer and favorable outcomes in the absence of screening make it unlikely that clinical testicular examinations would provide important health benefits. Clinical examination by a physician and self-examination are the potential screening options for testicular cancer. However, little evidence is available to assess the accuracy, yield or benefits of screening for testicular cancer.</i>						

1 Screening is recommended for symptomatic adults or for asymptomatic adults with blood pressure greater than 135/80 mmHg.

2 Screen earlier if at risk.

3 The benefits of detection and early intervention for colorectal cancer decline after age 75 years.

4 Combined with fecal occult blood testing every 3 years.

5 The evidence is insufficient to assess additional benefits and harms of CBE beyond screening mammography in women age 40 years or older.

Adult¹ Immunizations

CDC Adult Immunization Schedule²

Immunization	Frequency
Influenza	1 dose annually
Pneumococcal	1-2 doses age 19-64 if high risk ³ ; 1 dose 65+ with or without risk factors
Tetanus/Diphtheria/ Pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster, then Td booster every 10 years age 65 and older
Human papillomavirus (HPV)	Females, 3 doses age 19-26 years Males, 3 doses age 19-21 years
Measles, Mumps, Rubella (MMR)	1-2 doses age 19-49; 1 dose age 50+ if high risk ³
Varicella	2 doses
Zoster	1 dose age 60+
Hepatitis A	2 doses age 19+ if high risk ³
Hepatitis B	3 doses age 19+ if high risk ³
Meningococcal	1 dose unless otherwise recommended by physician; age 19+ if high risk ³

1 Age 19 and older

2 2011 Adult Immunization Schedule is approved by the Advisory Committee on Immunization Practices

3 Risk factor based on medical, occupational, lifestyle, or other indication

This health pamphlet is provided for general informational purposes to Blue Cross and Blue Shield of Alabama customers. Information contained in this health pamphlet is not intended to replace professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider regarding your healthcare needs. Never disregard professional medical advice or delay in seeking medical advice because of something you have read in this health pamphlet. Remember to check your benefits booklet for coverage information and limitations.



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association