

For men and women age 50 and older

Topics you may want to discuss with your doctor

Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans and whole grains every day.
- Optimal calcium intake is estimated to be 1,500 mg/day for postmenopausal women not on estrogen therapy.
- Vitamin D is important for bone and muscle development, function and preservation.

Sexual health

- Sexually transmitted infection (STI)/HIV prevention;⁶ practice safer sex (use condoms) or abstinence.

Substance use disorder

- Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

Dental health

- Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

Other topics for discussion

- Fall prevention.
- Possible risks and benefits of hormone replacement therapy (HRT) for postmenopausal women.
- Risks for and possible benefits of prostate cancer screening in men to determine what is best for you.
- The dangers of drug interactions.
- Physical activity.
- Glaucoma eye exam by an eye care professional (i.e., an ophthalmologist, optometrist) for those age 65 and older.

For heart health, adults should exercise regularly (at least 30 minutes a day on most days), which can help reduce the risks of coronary heart disease, osteoporosis, obesity and diabetes. Consult your physician before starting a new vigorous physical activity.

Immunizations

Flu, annual	Recommended ²
Hepatitis A	For individuals with risk factors; for individuals seeking protection ³
Hepatitis B	For individuals with risk factors; for individuals seeking protection ⁴
MMR (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose ⁵
Pneumococcal (pneumonia)	Recommended for individuals age 65 and older; and individuals under age 65 with risk factors ⁷
Td booster (tetanus, diphtheria)	Recommended once every 10 years ¹⁵
Varicella (chicken pox)	Recommended for adults without evidence of immunity; should receive two shots ¹⁰
Zoster (shingles)	Recommended for all adults age 60 and older

Screenings/counseling/services

AAA (abdominal aortic aneurysm)	For ages 65–75 who have ever smoked, one-time screening for AAA by ultrasonography
Alcohol misuse	Behavioral counseling
Aspirin	Visit to discuss potential benefit of use ¹⁹
Blood pressure, depression, height, weight, BMI and hearing	At annual exam
Breast cancer	Recommend mammogram every 1–2 years beginning at age 40; BRCA/BART testing is covered if medically necessary ²⁰
Breast cancer chemoprevention	Covered for individuals at high risk for breast cancer and low risk for adverse effects from chemoprevention
Cardiovascular disease	Statin use for primary prevention in adults ³⁵
Cervical cancer	At least every 3 years if cervix present; after age 65, Pap tests can be discontinued if previous tests have been normal
Colorectal cancer	Recommended for adults ages 50–75 ²¹
Depression	For all adults
Diabetes	Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg ²²
Domestic violence and abuse	Screening for interpersonal and domestic violence for adolescents, women, and women of childbearing age ³⁴
Fall prevention	Age 65 or older ²⁸
Gonorrhea and chlamydia	Recommended for individuals who are at increased risk for infection ¹¹
Healthy diet and physical activity	Behavioral counseling ²⁷
HIV	For all adults at increased risk for HIV infection ²³
HPV	Recommended for all sexually active individuals age 65 and younger
Latent tuberculosis infection (LTBI)	Screening for asymptomatic adults at increased risk for infection ³³
Lipid disorder	Screening periodically
Lung cancer	Screening for lung cancer in persons with smoking history ³¹
Obesity	Screening, counseling and behavioral interventions
Osteoporosis	Recommend routine screening for women age 65 and older; routine screening for men age 70 and older – beginning age can be reduced for individuals at increased risk ¹³
Prostate cancer	Prostate-specific antigen (PSA) test and digital rectal exam. May or may not be appropriate. Discuss with your doctor to see if it is more beneficial than harmful in your case
Sexually transmitted infections	Behavioral counseling as needed ²⁶
Syphilis	Recommended for individuals at increased risk for infection ¹²
Tobacco use and cessation	Screening for tobacco use and cessation intervention

For pregnant women

Screenings/counseling/services

Alcohol misuse	Behavioral counseling
Aspirin	Low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia ¹⁴
Asymptomatic bacteriuria	12–16 weeks gestation or first prenatal visit if after 16 weeks gestation
Breast-feeding counseling	Promote breast-feeding to pregnant or postpartum women. Provide comprehensive lactation support and breast-feeding equipment.
Chlamydia	During first prenatal visit and second screening during the third trimester for those at increased risk ¹¹
Depression	For all adults
Folic acid	Discuss use of 0.4 to 0.8 mg daily
Gestational diabetes	Women between 24- to 28-week gestations and the first prenatal visit for pregnancy. Women identified to be at increased risk for diabetes.
Gonorrhea	First prenatal visit and second screening during the third trimester if at increased risk ¹¹
Hepatitis B	First prenatal visit ²⁹
HIV	First prenatal visit ²³
Rh (D) incompatibility	First prenatal visit and repeat testing at 24- to 28-week gestation unless the biological father is known to be Rh (D) negative for unsensitized Rh (D) negative pregnant women
Syphilis	First prenatal visit, second screening during the third trimester, and at delivery for those at increased risk ¹²
Tobacco use and cessation	Screening for tobacco use and tobacco-cessation intervention

Having a baby? Be aware that while almost all women get the “baby blues” after childbirth, as many as 10% will get postpartum depression. For more information visit our website, blueshieldca.com, and search “postpartum depression” or see your healthcare provider.

Recommendations for a healthy pregnancy

Prenatal care

Begin within 14 days of confirming pregnancy.

Dietary supplements

Women of childbearing age should take 0.4 to 0.8 mg of folic acid daily to decrease the risk of fetal birth defects of the brain or spine; recommended calcium intake for pregnant or nursing women: 1,000 milligrams daily.

Screenings and diagnostics

Blood pressure and weight check at all visits: urine test, obstetrical history and physical, screenings for asymptomatic bacteriuria, chlamydia, gestational diabetes, Group B streptococcal bacteria, Hepatitis B, syphilis, gonorrhea, hematocrit, rubella, varicella, Rh (D) incompatibility; HIV counseling and screening, ultrasonography, screening for alpha fetoprotein (SB 75 alpha fetoprotein), chorionic villus screening (CVS) or amniocentesis (for women age 35 and older), blood test for certain birth defects, prior vaccinations (including flu shots), fundal height, fetal heart tones, discuss preterm labor risk, history of genital herpes, nutrition, smoking cessation, domestic abuse, mental health as an initial intervention service after screening for interpersonal and domestic violence, and other medication and drug use.

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Discussion topics at prenatal care visits

Prior vaccinations (including flu shots), history of genital herpes, nutrition, smoking cessation, other medication and drug use.

Postpartum care

To be performed within three to seven weeks following delivery. Postpartum exam to include weight, blood pressure, breast and abdomen exam, or pelvic exam.

Endnotes

1. Blood test for newborns may include congenital hypothyroidism, phenylketonuria and sickle cell disease.
2. Annual vaccination against influenza is recommended for all persons age 6 months and older, including all adults. Healthy, nonpregnant adults under age 50 without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine, or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults age 65 and older can receive the standard influenza vaccine or the high-dose influenza vaccine.
3. Risk factors for hepatitis A should be discussed with your provider.
4. Risk factors for hepatitis B should be discussed with your provider.
5. Measles component: Adults born before 1957 can be considered immune to measles. Adults born on or after 1957 should receive one or more doses of MMR, depending on their immune status. Also, a second dose of MMR may be necessary if exposed, traveling internationally, and other factors. Rubella component: Women with unreliable vaccination history should check with their provider. Check with your doctor for details regarding pregnancy.
6. Administer pneumococcal vaccine to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after five years to children with functional or anatomic asplenia or an immunocompromising condition.
7. One dose for adults at risk, including those with chronic lung diseases (including asthma and COPD); cardiovascular diseases, diabetes mellitus, chronic liver disease, chronic renal failure, sickle cell disease, and immunocompromising conditions. Vaccination is also recommended in adults who smoke cigarettes and residents of nursing homes and long-term care facilities. Vaccination is not recommended in Alaska Native or American Indian persons unless they have another risk factor present. A second pneumococcal dose may be necessary for people age 65 and older who received the vaccine more than five years previously and were younger than 65 at the time of the primary vaccination. A one-time revaccination is recommended after five years for people with certain medical conditions, including immunosuppressive conditions and people who have undergone chemotherapy.
8. Individuals at risk for meningococcal disease include international travelers, college-bound students or anyone with a damaged or removed spleen or with terminal complement component deficiency. These individuals should discuss the risks and benefits of vaccination with their doctor.
9. Lipid disorders risk factors for men ages 20–35 or women age 20 and older include diabetes, previous personal history of congestive heart disease or non-coronary atherosclerosis, family history of cardiovascular disease before age 50 in male relatives and age 60 in female relatives, tobacco use, and obesity (BMI ≥ 30).
10. Individuals at risk for varicella infection include those who have close contact with persons at high risk for severe disease (healthcare workers and family contacts of immunocompromised persons) or are at high risk for exposure or transmission (e.g., teachers of young children; childcare employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
11. Risk factors for chlamydia and gonorrhea infection include history of chlamydial or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, commercial sex work and drug use.
12. Risk factors for syphilis infection include all adolescents and adults who receive health care in a high-prevalence or high-risk clinical setting, men who have had sex with men, commercial sex workers, and those in adult correctional facilities. Individuals being treated for sexually transmitted diseases may be more likely than others to engage in high-risk behavior.
13. Increased risks for osteoporosis include women ages 60 to 64 with all of the following risks for osteoporotic fractures: lower body weight (weight < 70 kg) and no current use of estrogen therapy.
14. Pregnant women who are at high risk for preeclampsia use low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation.
15. People in contact with infants under 12 months of age and healthcare personnel can be given the Td vaccine as soon as feasible. It is recommended that Tdap should replace a single dose of Td for adults under age 65 if they have not previously received a dose of Tdap.
16. Sexually transmitted infections, also known as sexually transmitted diseases, include chlamydia, gonorrhea, herpes, HIV, HPV, syphilis and others. See infection-specific notes for information on risk factors for sexually transmitted infections.
17. The Tdap (tetanus, diphtheria, acellular pertussis) booster is recommended in children ages 11 to 12 who have completed the childhood DTaP immunization series and have not yet received a tetanus and diphtheria (Td) booster dose.
18. Children through age 9 getting flu vaccine for the first time – or who received flu vaccine – should get two doses, at least four weeks apart.
19. Low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults ages 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
20. For breast cancer screening, BRCA mutation referral for genetic risk assessment and evaluation for breast and ovarian susceptibility is recommended for women with family history associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes. BRCA/BART testing, if medically necessary. Please see Blue Shield of California medical policy on Genetic Testing for Hereditary Breast and/or Ovarian Cancer.
21. Colorectal cancer screenings include fecal occult blood annually, sigmoidoscopy every five years, and colonoscopy every 10 years. Beginning age and screening interval can be reduced for patients at increased risk. Multi-targeted stool DNA testing every three years.
22. Diabetes screening should be performed for adults with blood pressure 135/80 or lower if knowledge of diabetes status would help inform decisions about coronary heart disease prevention strategies. Diabetes screening should be performed for adults ages 40 to 70 who are overweight and obese. Intensive behavioral counseling interventions to promote a healthful diet and physical activity for patients with abnormal blood glucose.
23. Individuals at risk for HIV infection include all adolescents and adults who receive health care in high-prevalence or high-risk clinical setting; men who have had sex with men after 1975; individuals having unprotected sex with multiple partners; past or present injection drug users; commercial sex workers; individuals whose past or present sex partners were HIV infected, bisexual, or injection drug users; individuals being treated for sexually transmitted diseases; individuals with a history of blood transfusion between 1978 and 1985; and individuals who requested an HIV test despite reporting no individual risk factors.
24. Fluoride oral supplement should be discussed at preventive care visit if primary water source is deficient in fluoride.
25. Increased risk factors for prostate cancer include African-American men and men with family history of prostate cancer.
26. Behavioral counseling to prevent sexually transmitted infections is for sexually active adolescents and adults who meet the following criteria: current sexually transmitted infections, sexually transmitted infections within the past year, multiple current sexual partners, and in non-monogamous relationships if they reside in a community with a high rate of sexually transmitted infections.
27. Intensive behavioral counseling to promote healthy diet and physical activity is recommended for all adults who have hyperlipidemia or have any known risk factors for cardiovascular and diet-related chronic disease. Diabetes Prevention Program – Blue Shield's lifestyle medicine program focused on diabetes prevention.
28. Falls prevention counseling for older adults to exercise or physical therapy to prevent falls in community-dwelling adults age 65 and older who are at increased risk for falls. Vitamin D supplementation to prevent falls.
29. Hepatitis B screening for non-pregnant adolescents and adults for hepatitis B virus infection at high risk for infection; pregnant women at their first prenatal visit.
30. Hepatitis C screening for adults for hepatitis C virus infection at high risk for infection.
31. Lung cancer screening for adults ages 55 to 80 who have a smoking history.
32. For self-administered hormonal contraceptives, you may receive up to a 12-month supply.
33. Tuberculosis and latent tuberculosis infection (LTBI) for asymptomatic adults at increased risk for infection.
34. Screening and counseling for interpersonal and domestic violence is a covered service for adolescents, women, and women of childbearing age at least annually, and, when needed, those who screen positive are provided or referred to initial intervention services. Mental health is an initial intervention service after screening for interpersonal and domestic violence.
35. Statin use for the primary prevention of cardiovascular disease in adults – The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low-to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75; 2) they have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75. Statin medications are a pharmacy benefit.

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