

Preventive care guidelines

These screenings and immunizations are routinely recommended. Preventive services are based on recommendations from the U.S. Centers for Disease Control (CDC) and the U.S. Preventive Services Task Force (USPSTF). Talk to your doctor about what care is best for you – based on your personal and family history.

Child Preventive Care

Immunization	Birth	1 m	2 m	4 m	6 m	12 m	15 m	18 m	24 m	3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	15-18 yrs
Hepatitis B	•		•				•		1					
Hepatitis A						2	shots, 6 r	months ap	art					
DTaP			•	•	•			•			•		Tdap	Verify Tdap complete
Haemophilus Influenzae type b (Hib)			•	•	*		•							
Pneumococcal (PCV13)			•	•	•		•							
Polio Virus (IPV)			•	•			•				•			
Influenza (flu)					CDC recommends children age 6 months to 10 years old receive two doses of the influenza vaccine the first year that they receive the vaccine and then one dose of the influenza vaccine every year afterward.									
MMR (MMRV)	Combin	ed measle	s, mumps,	rubella ar	nd		•				•			
Varicella (chickenpox)	12 mont	vaccine (N hs through al vaccines	MRV) is pr 12 years c 5.	referred fo of age inste	r children ead of		•				•			
Meningococcal													•	Booster is needed at age 16
Human Papillomavirus (HPV - girls and boys)													2-dose series	Verify HPV complete
Rotavirus			•	•	*									
Screening				18 m				2	24 m 3	vrs 4	-6 yrs 7	-10 yrs 1	1-12 vrs	15-18 yrs
Chlamydia screening													Ye	arly for all sexually tive women and girls e 24 years and younger
Weight screening									Recor	d height, v	weight, body	mass index	(BMI) and BMI	percentile yearly.
Depression screening													•	•

Adult Preventive Care

Immunization	19-39 yrs	40-65 yrs	Over 65 yrs					
Influenza (Flu)	Get a flu shot every year during flu season to lower your risk of getting the flu.							
Pneumococcal immunization			Starting at age 65, follow your doctor's immunization recommendations.					
Shingles (Herpes Zoster)	2-dose series is recommended at age 50 or older.							
Screening	19-39 yrs	40-65 yrs	Over 65 yrs					
Blood pressure screening (Hypertension)	Blood pressure check ages 18 and over, as determined by your doctor.							
Breast cancer screening (Mammogram)	Mammogram every 1-2 years for women age 50-75 years. For women under age 50, talk to your doc							
Cervical cancer screening (Pap test)	From age 21 -29, every 3 years. For ages 30-65,	Stop screening at age 65-70 if adequate screening was carried out in the preceding 10 years.						
Chlamydia screening	Yearly for sexually active women age 24 and younger. After age 24, talk to your doctor.							
Colorectal cancer screening		The USPSTF recommends to start screening for all	adults at age 45 and continue through age 75.					
HIV Screening	From ages 15-65.							
Alcohol use screening	If you use alcohol, talk to your doctor about your drinking habits and how they may affect your health.							
Depression screening								
Tobacco use screening	If you use tobacco products, talk to your doctor about options to help you quit. For staying healthy, quitting the use of any tobacco product is the best step you can take.							
Weight screening	Record height, weight and body mass index (BMI) yearly.							

Preventive services are usually covered 100 percent. This means, you may pay nothing for these services when you're seen at a clinic in your plan's network. If you have questions about your plan's preventive coverage, check your plan documents or call Member Services at the number on the back of your member ID card for more help.

*Your child may need three or four doses of Hib and two or three doses of Rotavirus depending on the manufacturer. Talk with your doctor for more information.

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