

Guidelines to good health for adults

IMPORTANT SCREENINGS AND EXAMS	AGE	HOW OFTEN
Chlamydia screening	Females 24 and younger	Every year if sexually active
		Pregnant women at high risk should be screened
	Females 25 and older	Every year if high risk
		Pregnant women at high risk should be screened
Males	Talk with your doctor	
Diabetes screening	18 to 75 years	Overweight and obese adults should be screened for Type 2 diabetes
Hepatitis C	18 and older	Once in your lifetime or during each pregnancy
Women: breast cancer screening (mammogram)	40 to 44 years	Ask your doctor
	45 to 54 years	Every year
	55 and older	Every 2 years or every year
Women: cervical cancer screening (Pap test)	21 to 29 years	Every 3 years
	30 to 64 years	Pap test every 3 years or HPV test every 5 years
	65 years and older	Ask your doctor
Women: pregnancy (prenatal care)	Childbearing	Week 8: First visit Weeks 8 to 28: Monthly Weeks 28 to 36: Every 2 weeks Weeks 36 to birth: Weekly
Women: pregnancy (postpartum visits)	Childbearing	Between 7 and 84 days after delivery



This grid is based on Centers for Disease Control and Prevention recommendations. Talk with your doctor if you have questions about anything listed on this grid.

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AGE	IMMUNIZATION AND DOSE
After age 12	Tdap: 1 dose if not previously vaccinated; booster every 10 years; Pregnant women need a dose in every pregnancy.
Males 9-21 Females 9-26	HPV (Human Papillomavirus): 3 doses
18-61 years	MMR: 1-2 doses if needed
18-64 years	Pneumococcal (Meningitis and Pneumonia): If high risk
18-65+ years	Flu: Every year
	Hepatitis A, Hepatitis B, Meningococcal: If high risk
	Tetanus: Once every 10 years
	Varicella (Chickenpox): 2 doses if needed
50+	Zoster (Shingles): 1 dose
65+	Pneumococcal (Meningitis and Pneumonia): 1 dose for everyone 65 and older; revaccinate at age 65 if first vaccine was received before age 65 and 5 years or more have passed since that first dose was given

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 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
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 - Qualified interpreters
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- **Blue Cross Complete of Michigan Member Grievances**
P.O. Box 41789
North Charleston, SC 29423
1-800-228-8554
(TDD/TTY: **1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:
hhs.gov/ocr/office/file/index.html.

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