



YOUR ANNUAL EXAM PREVENTIVE CARE CHECKLIST

IT ALL ADDS UP

You and your family can stay healthier by receiving preventive care. That’s what “preventive” is all about—detect problems early—when you can take action to avoid them or when you can treat them more easily.

Your medical plan covers certain in-network preventive screenings and child and adult immunizations at 100%. There is no deductible, coinsurance or copayment required—care is FREE!

Refer to this list for recommended preventive services, and share it with your physician to ensure you understand what is covered. Recommendations may vary, and diagnostic services are not covered at 100%.

RECOMMENDED PREVENTIVE CARE FOR MEN

SCREENINGS	IMMUNIZATIONS
<ul style="list-style-type: none">• Body Mass Index (BMI): Every 1 to 3 years• Blood Pressure (BP): At least every 2 years• Type 2 Diabetes Screening: Every 3 years for asymptomatic adults with sustained blood pressure (treated or untreated) greater than 130/80 mm Hg• Cholesterol: Every 5 years (or more frequently if levels are close to warranting therapy) beginning at age 20 for lipid disorders if risk for coronary heart disease is present; otherwise, beginning at age 35• Colonoscopy*: Every 10 years, beginning at age 40• Prostate Cancer Screening: At age 40• Hearing Screening: Annually beginning at age 65• Abdominal Aortic Aneurysm Screening: Once between ages 65 and 75 if you have ever smoked	<ul style="list-style-type: none">• Influenza (flu): Yearly• Tetanus Diphtheria Pertussis (Tdap/Td): Tdap vaccine once, then Td booster every 10 years• Varicella (chicken pox): 2 doses if no evidence of immunity• Human Papillomavirus (HPV): 3 doses between ages 11 and 26 (if previous treatment not received)• Measles, Mumps, Rubella (MMR): 1 or 2 doses between ages 18 and 55 if no evidence of immunity• Herpes Zoster (shingles): 1 dose at age 50 or older• Pneumococcal (pneumonia):<ul style="list-style-type: none">– 1 dose at age 65 or older– Booster after 5 years if vaccinated more than 5 years ago and under age 65 at the time of the primary vaccination

*Alternatively, flexible sigmoidoscopy every 5 years or fecal occult blood test annually.

RECOMMENDED PREVENTIVE CARE FOR WOMEN

SCREENINGS	IMMUNIZATIONS
<ul style="list-style-type: none">• Body Mass Index (BMI): Every 1 to 3 years• Blood Pressure (BP): At least every 2 years• Type 2 Diabetes Screening: Every 3 years for asymptomatic adults with sustained blood pressure (treated or untreated) greater than 130/80 mm Hg; for asymptomatic women after 24 weeks gestation (for gestational diabetes mellitus)• Clinical Breast Exam: Every 3 years between ages 20 and 39; annually beginning at age 40• Pap Test: Annually at ages 21 to 65; beginning at age 30, women who have had 3 consecutive normal Pap Tests can get tested every 2 to 3 years• Mammogram: Every 1 to 2 years for women ages 35 to 74• Cholesterol: Every 5 years (or more frequently if levels are close to warranting therapy) beginning at age 40• Colonoscopy*: Every 10 years, beginning at age 40• Hearing Screening: Annually beginning at age 65• Osteoporosis: Beginning at age 65, or in younger women if risk factors are present	<ul style="list-style-type: none">• Influenza (flu): Yearly• Tetanus Diphtheria Pertussis (Tdap/Td): Tdap vaccine once, then Td booster every 10 years• Varicella (chicken pox): 2 doses if no evidence of immunity• Human Papillomavirus (HPV): 3 doses between ages 11 and 26 (if previous treatment not received)• Measles, Mumps, Rubella (MMR): 1 or 2 doses between ages 18 and 55 if no evidence of immunity• Herpes Zoster (shingles): 1 dose at age 50 or older• Pneumococcal (pneumonia):<ul style="list-style-type: none">– 1 dose at age 65 or older– Booster after 5 years if vaccinated more than 5 years ago and under age 65 at the time of the primary vaccination

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RECOMMENDED ROUTINE IMMUNIZATION SCHEDULE FOR CHILDREN

VACCINE	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	1½ TO 3 YEARS	4 TO 6 YEARS
Hepatitis B (HepB)	•	•			•					
Rotavirus (RV)			•	•	•*					
Diphtheria Tetanus and Pertussis (DTaP)			•	•	•		•**			•
Haemophilus Influenzae Type B (Hib)			•	•	•	•				
Pneumococcal Conjugate (PCV)			•	•	•	•				
Inactivated Polio Vaccine (IPV)			•	•	•					•
Influenza (Flu)					• Yearly starting at age 6 months with 2 doses given the first year					
Measles, Mumps and Rubella (MMR)						•				•
Varicella (chicken pox)						•				•
Hepatitis A (HepA)						• First dose: 12 to 23 months • Second dose: 6 to 18 months later				

• One dose. Range of recommended dates.

* Number of doses needed varies on vaccine used. Ask your physician.

**The fourth dose of DTaP may be given as early as 12 months, as long as at least 6 months have passed since the third dose.

Sources: Quantum Health; U.S. Department of Health and Human Services; U.S. Preventive Services Task Force; Centers for Disease Control and Prevention; and the American Academy of Pediatrics.

Recommendations are not intended as medical advice to be substituted for the individual medical judgment of a physician or other healthcare professional. Please check with your physician for individual advice on the recommendations provided.

MORE PREVENTIVE CARE RESOURCES

- If you are enrolled in Abbott’s dental plan, make annual teeth cleanings part of your annual preventive care plan.
- You also have access to resources to support your physical and emotional health.
 - LifeWorks
 - LiveLifeWell