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Preventive HEALTH Guidelines

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Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

Preventive Health Guidelines

You may use this brochure as your guide for getting and staying healthy. Horizon Blue Cross Blue Shield of New Jersey encourages you to discuss these guidelines with your physician and use them in planning to obtain preventive care services appropriate for you and your family. Call your physician to take advantage of the preventive care services offered through your health care plan. For more information, call Member Services at the toll-free number on your Horizon BCBSNJ ID card or visit <www.HorizonBlue.com>.

These preventive health guidelines are based on recommendations from the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, U.S. Preventive Services Task Force, American College of Obstetricians and Gynecologists, American Academy of Pediatrics and other nationally recognized authorities, available at the time of publication. These preventive health guidelines are a general guide intended to be used for educational purposes only. These guidelines are continually reviewed and updated and are subject to change. Always discuss your particular preventive care needs with your physician. Services and supplies described in these guidelines may not be covered benefits under your health benefit plan. Please refer to your summary plan description or other coverage documents to determine if services and supplies are covered benefits.

FOR ADULTS:

Physical exams are an important part of preventive care. Be sure to schedule regular exams with your physician and consult with him or her about additional screenings, examinations and immunizations that may be appropriate for you.

FOR CHILDREN:

Your children may need additional preventive care services, such as laboratory screenings. Consult your child's physician about specific recommendations for your child. Please refer to your benefits materials for specific coverage information.

There are recommended immunization catch-up schedules for children and adolescents who start late or fall behind on their immunizations. There is usually no need to restart a vaccine series, regardless of the time that has elapsed between doses. Your child's physician can provide guidance in this area.

For details on additional indications for immunizations for children/adolescents in high-risk groups, as well as the catch-up schedule, please visit the Centers for Disease Control and Prevention (CDC) website, <www.cdc.gov>. For immunization charts in English and Spanish, visit the CDC's National Immunization Program at <www.cdc.gov/vaccines>.

BIRTH to 2 YEARS

Newborn assessment: At birth. Performed in the hospital.

Well-baby exam: Within three to five days of birth and within 48 to 72 hours after hospital discharge. At age 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months. During these visits, your child's physician will review your child's medical history; growth and developmental milestones; perform a complete physical exam to include height, weight, body mass index (starting at age 2 years) and head circumference measurement; assess nutritional needs and elimination patterns; and provide counseling and anticipatory guidance. In addition to general advice on your baby's health and development, the physician may administer the following immunizations and screenings, depending on clinical presentation and physician assessment.

IMMUNIZATIONS:

Diphtheria, Tetanus and Acellular Pertussis (DTaP): First dose at age 2 months; second dose at age 4 months; third dose at age 6 months; fourth dose between ages 15 and 18 months.

Haemophilus Influenza Type B (Hib): First dose at age 2 months; second dose at age 4 months; third dose at age 6 months; fourth dose between ages 12 and 15 months.

Inactivated Poliovirus (IPV): First dose at age 2 months; second dose at age 4 months; third dose between ages 6 and 18 months.

Measles, Mumps, Rubella (MMR): First dose between ages 12 and 15 months.

Varicella (chicken pox): First dose between ages 12 and 15 months.

Pneumococcal Conjugate vaccine (PCV): For all children younger than age 5 years. First dose at age 2 months; second dose at age 4 months; third dose at age 6 months; fourth dose between ages 12 and 15 months. All healthy children between ages 24 and 59 months who are not completely vaccinated for their age should receive one dose of PCV. A single supplemental dose of PCV13 is recommended for all children ages 14 through 59 months who have received an age-appropriate series of PCV7.

Pneumococcal Polysaccharide vaccine (PPSV): Children ages 2 years or older who have certain underlying medical conditions, including cochlear implants, should receive PPSV at least eight weeks after last dose of PCV.

Meningococcal Conjugate vaccine (MCV): For children ages 2 to 10 years who have certain medical conditions and other groups at high risk.

BIRTH to 2 YEARS

(continued)

Yearly Influenza vaccine: Everyone ages 6 months and older.* Two doses given at least four weeks apart are recommended for children ages 6 months through 8 years who are getting a flu vaccine for the first time. Children who only got one dose in their first year of vaccination should get two doses the following year.

Rotavirus: First dose at age 2 months; second dose at age 4 months; third dose at age 6 months. Children should receive the first dose of the vaccine between ages 6 and 14 weeks. Children should receive all three doses of the vaccine by age 8 months.

Hepatitis A (Hep A): For children at age 1 year. Two doses should be administered at least six months apart. Also for children and adolescents in selected states and regions and for certain high-risk groups who have not been immunized against hepatitis A. Hepatitis A can also be given to those children for whom immunity is desired. Children can begin the hepatitis A immunization series during any visit.

Hepatitis B (Hep B): First dose soon after birth before discharge from hospital; second dose between ages 1 and 2 months; third and final dose no earlier than age 24 weeks.

SCREENINGS:

Hearing: Screening is done at birth, prior to discharge from any hospital or birthing facility or no later than age 1 month, followed by risk assessment and evaluation to be performed at all well visits. If it is determined that the child has hearing problems, appropriate action to follow. Next formal evaluation at age 4 years.

Vision status: Risk assessment and evaluation to be performed at all well visits and continue until next formal evaluation at age 3 years.

Gross and fine motor skills: Minimum of two recordings of gross and/or fine motor skills assessment. Evaluation to be performed at ages 9, 18 and 30 months.

Lead: All children between ages 12 and 24 months should be screened for lead poisoning. Children who are exposed to a known or suspected lead hazard should also begin screening at age 6 months.

Hemoglobin or Hematocrit (Hgb/Hct): Risk assessment at ages 4, 18 and 24 months. Test at age 12 months. Appropriate action to follow if positive.

Weight, length and head circumference: Perform and document on growth chart at each well visit.

BIRTH to 2 YEARS

(continued)

Oral health/fluoride assessment: By age 6 months, consult with physician on fluoride availability in local water supply and other foods and beverages prepared with fluoridated water. Physician will prescribe supplementation, if necessary.

Tuberculosis: Can be done at ages 1, 6, 12, 18 and 24 months for infants at high risk.

Phenylketonuria (PKU), sickle cell anemia, hemoglobinopathies, hypothyroidism assessment: At birth to age 2 months.

High-risk screenings and reports for infectious diseases, sensory deficits and child abuse: Can be done at all well visits from birth up to age 30 months.

Documentation of developmental stage or history: As appropriate for age and/or symptoms.

Anticipatory guidance/counseling: Topics to discuss with parent(s) and/or caregiver(s) of this age group, as appropriate, include at a minimum: postpartum depression, nutrition, oral health, sleep position, development, poison-proofing home; how to avoid falls, drowning, burns, choking, suffocation, other injuries; bicycle safety, physical activity, helmets and other accident prevention/safety precautions; use of car and booster seats and seat belts; violent behaviors and firearms; sexually transmitted diseases, human immunodeficiency virus (HIV) and family planning; tobacco, alcohol and drug use.

*The Yearly Influenza vaccine is strongly recommended for:

- People at high risk of serious flu complications, including young children, pregnant women, people who have chronic health conditions like asthma, diabetes or heart and lung disease.
- People ages 65 years and older and anyone who cares for children younger than age 6 months.

AGES 3 to 12 YEARS

Well-child exam: Annually for ages 3 to 12 years. During these visits, your child's physician will review your child's medical, growth and developmental history; perform a complete physical exam to include height, weight, body mass index and blood pressure; assess diet, exercise and physical activity, sleep and nutritional needs; assess school and social history; and provide counseling and anticipatory guidance. In addition to general advice on your child's health and development, he/she may receive the following immunizations and screenings, depending on clinical presentation and physician assessment.

IMMUNIZATIONS:

Diphtheria, Tetanus and Acellular Pertussis (DTaP): Children between ages 4 and 6 years should receive a fifth dose (final dose in the DTaP series).

Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap): At ages 11 to 12 years for those who have completed the DTP/DTap vaccination series and not received a Td booster dose. Booster every 10 years. Children ages 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap.

Human Papillomavirus (HPV): For females ages 11 to 12 years; the vaccination series can be started in females as young as age 9 years. Administered in a three-dose schedule with the second dose administered one to two months after the first and the third dose given six months after the first dose. HPV4 may be administered in a three-dose series to males ages 9 to 18 years to reduce their likelihood of acquiring genital warts.

Measles, Mumps, Rubella (MMR): Second dose between ages 4 and 6 years. If not previously vaccinated, administer two doses of MMR, or the second dose for those who have received only one dose. The minimum interval between doses is four weeks.

Pneumococcal Conjugate vaccine (PCV): PCV is recommended for all children younger than age 5 years. Administer one dose of PCV to all healthy children ages 24 to 59 months who are not completely vaccinated for their age. A single supplemental dose of PCV13 is recommended for all children ages 14 through 59 months who have received an age-appropriate series of PCV7.

Inactivated Poliovirus (IPV): The final dose in the series should be administered on or after a child turns age 4 years, and at least six months following the previous dose. If four or more doses are administered prior to age 4 years, an additional dose should be administered between ages 4 and 6 years. If both Oral Polio vaccine (OPV) and IPV were administered as part of a series, a total of four doses should be administered, regardless of the child's current age.

AGES 3 to 12 YEARS

(continued)

Yearly Influenza vaccine: Everyone ages 6 months and older.* Two doses given at least four weeks apart are recommended for children between ages 6 months and 8 years who are getting a flu vaccine for the first time. Children who only got one dose in their first year of vaccination should get two doses the following year.

Hepatitis A (Hep A): For children and adolescents in selected states and regions and for certain high-risk groups who have not been immunized against hepatitis A. The hepatitis A immunization can also be given to those children for whom immunity against hepatitis A is desired. Can begin the hepatitis A immunization series during any visit.

Hepatitis B (Hep B): All children and adolescents who have not been immunized against hepatitis B should begin the hepatitis B immunization series at any visit.

Varicella (chicken pox): Children should receive a second dose between ages 4 and 6 years. The second dose may be administered before age 4 years, provided at least three months have elapsed since the first dose.

SCREENINGS:

Hearing: Annually to monitor for delayed onset hearing loss, or as the child's physician advises for suspected problems.

Vision status: Test at ages 3 through 6, 8, 10 and 12 years with risk assessment and evaluation with appropriate action to follow, if positive, at ages 7, 9 and 11 years or as the child's physician advises for suspected problems. Screen all children ages 3 to 5 years for the presence of amblyopia, or lazy eye, and its risk factors.

Lead: Screen all children ages 3 to 6 years who have not previously been screened annually for lead poisoning. Children who are age 6 months or older and exposed to a known or suspected lead hazard, should also be screened.

Weight, height, body mass index and blood pressure: Annually at well visit. The U.S. Preventive Services Task Force recommends that clinicians screen children ages 6 years and older for obesity and offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Dental health: One to two times per year or more frequently as recommended by the dentist.

AGES 3 to 12 YEARS

(continued)

High-risk screening for infectious diseases, high cholesterol or pertinent cardiac history, sensory deficits and signs of child abuse: At all well visits as appropriate for age and/or symptoms.

Diabetes: Testing should be done every three years for children at risk of developing diabetes starting at age 10 years or at the onset of puberty, whichever comes first. This includes children and adolescents who are overweight (defined as BMI more than 85th percentile for age and sex, weight for height more than 85th percentile, or weight more than 120 percent of ideal for height) and have any two risk factors listed below:

- Maternal history of gestational diabetes.
- Family history of type 2 diabetes.
- Signs of insulin resistance.
- Race/ethnicity (Native American, African-American, Latino, Asian-American, Pacific Islander).

Anticipatory guidance/counseling: As age appropriate, topics include at a minimum: nutrition, development, poison-proofing home; how to avoid falls, drowning, burns, choking, suffocation, other injuries; bicycle safety, physical activity, helmets and other accident prevention/safety precautions; use of car and booster seats and seat belts; violent behaviors and firearms; sexually transmitted diseases, human immunodeficiency virus (HIV) and family planning; tobacco, alcohol and drug use.

*The Yearly Influenza vaccine is strongly recommended for:

- People at high risk of serious flu complications, including young children, pregnant women, people who have chronic health conditions like asthma, diabetes or heart and lung disease.
- People ages 65 years and older and anyone who cares for children younger than age 6 months.

AGES 13 to 18 YEARS

Well-adolescent visits: Well exam annually for ages 13 to 18 years. During these visits, your adolescent's physician will review your adolescent's medical, growth and developmental history; perform a complete physical exam to include height, weight, body mass index and blood pressure; assess diet, exercise and physical activity, sleep and nutritional needs; assess school and social history; and provide counseling and anticipatory guidance. In addition to the general advice on your adolescent's health and development, your adolescent may receive the following immunizations and screenings, depending on clinical presentation and physical assessment.

IMMUNIZATIONS:

Hepatitis A (Hep A): For children and adolescents in selected states and regions and for certain high-risk groups who have not been immunized against hepatitis A. Can begin the hepatitis A immunization series during any visit. Two doses should be administered at least six months apart.

Hepatitis B (Hep B): All children and adolescents who have not been immunized against hepatitis B should begin the hepatitis B immunization series during any visit.

Human Papillomavirus (HPV): Females ages 13 through 18 years who have not previously been vaccinated should receive the series. HPV4 may be administered in a three-dose series to males ages 9 through 18 years to reduce the likelihood of acquiring genital warts. Administered in a three-dose schedule with the second dose administered one to two months after the first dose and the third dose given six months after the first dose (at least 24 weeks after the first dose).

Measles, Mumps, Rubella (MMR): If not previously vaccinated, administer two doses of MMR during any visit or the second dose for those who received only one dose, with four or more weeks between the doses.

Varicella (chicken pox): For adolescents ages 13 to 18 years without evidence of immunity, administer two doses or the second dose if only one dose given. Administer at least four weeks apart.

Yearly Influenza vaccine: Everyone ages 6 months and older.*

AGES 13 to 18 YEARS

(continued)

Meningococcal conjugate vaccine (MCV): Administer one dose between ages 13 to 18 years if not previously vaccinated. Adolescents who received their first dose between ages 13 and 15 years should receive a booster dose between ages 16 and 18 years. Unvaccinated college freshmen living in dormitories should receive one dose.

Tetanus and Diphtheria Toxoids and Acellular Pertussis vaccine (Tdap): Adolescents ages 11 through 18 years who have not received the Tdap dose between ages 11 and 12 years old should receive a dose followed by Td booster doses every 10 years thereafter. Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

SCREENINGS:

Hearing: Risk assessment and evaluation with appropriate action to follow if positive at ages 13 through 18 years.

Vision: Risk assessment and evaluation to be performed at ages 13, 14, 16, and 17 years. Testing at ages 15 and 18 years. Appropriate action to follow.

Height, weight, body mass index and blood pressure: Annually at well visit. The U.S. Preventive Services Task Force recommends that clinicians screen children ages 6 years and older for obesity and offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Dental health: One to two times per year or as recommended by dentist. Persons ages 13 to 18 years should floss and brush with fluoride toothpaste twice a day.

Cholesterol screening: Risk assessment to be performed with appropriate action to follow if positive at ages 13 through 18 years.

Hemoglobin and hematocrit: Risk assessment to be performed with appropriate action to follow if positive at ages 13 through 18 years.

Cervical Dysplasia screening/Pap test: Risk assessment to be performed with appropriate action to follow if positive at ages 13, 14, 15, 16, 17 and 18 years. All sexually active girls should be screened for cervical dysplasia as part of a pelvic examination beginning within three years of onset of sexual activity or age 21 years, whichever is earlier.

Tuberculin screening: Risk assessment to be performed annually between ages 13 and 18 years with appropriate action to follow if positive.

AGES 13 to 18 YEARS

(continued)

Sexually Transmitted Diseases (STD), including chlamydia, screening: Risk assessment to be performed with appropriate action to follow if positive at ages 13, 14, 15, 16, 17 and 18 years. All sexually active patients should be screened for sexually transmitted diseases.

Testicular exam: Monthly self-exam for males; annually by a health care professional.

Anticipatory guidance/counseling: As age appropriate, topics include at a minimum: nutrition; poison-proofing home; how to avoid falls, drowning, burns, choking, suffocation and other injuries; bicycle safety, helmets, other accident prevention and safety precautions; use of car and seat belts; violent behaviors and firearms; sexually transmitted diseases, human immunodeficiency virus (HIV) and family planning; tobacco avoidance and cessation; recommendation or discussion of medication to assist with quitting alcohol, drug use, depression, suicide prevention; body piercing and tattooing.

*The Yearly Influenza vaccine is strongly recommended for:

- People at high risk of serious flu complications, including young children, pregnant women, people who have chronic health conditions like asthma, diabetes or heart and lung disease.
- People ages 65 years and older and anyone who cares for children younger than age 6 months.

AGES 19 YEARS AND OLDER

Well-person visits: Annually for ages 19 years and older. In addition to general advice on your health, you may receive the following immunizations and screenings, depending on clinical presentation and physician assessment.

IMMUNIZATIONS:

Yearly Influenza vaccine: Everyone ages 6 months and older*.

Pneumococcal Polysaccharide vaccine (PPSV): Administer one dose for individuals ages 19 years and older who have certain medical indications or those at high risk. A one-time revaccination after five years is recommended for individuals who have specific risk factors.

Tetanus and Diphtheria, Pertussis (Td/Tdap) booster: Administer a one-time dose of Tdap to adults ages 64 years and younger who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td Boosters. Also administer to:

- Postpartum women.
- People in close contact with infants younger than age 12 months.
- Health care personnel who have direct patient contact.

Adults ages 65 years and older who have not previously received Tdap and who have close contact with an infant younger than age 12 months should be vaccinated and receive a Td booster every 10 years.

Hepatitis A (Hep A): Certain high-risk groups and any person seeking protection from the hepatitis A virus.

Hepatitis B (Hep B): Certain high-risk groups and any person seeking protection from the hepatitis B virus.

Measles, Mumps, Rubella (MMR): Adults born after 1956 who lack evidence of immunity should receive one dose of MMR. Second dose suggested for international travelers, adults exposed in an outbreak, students in post secondary educational institutions and health care workers. Pregnant women who do not have evidence of immunity should receive MMR upon completion or termination of pregnancy and before discharge from the health care facility.

AGES 19 YEARS AND OLDER

(continued)

Meningococcal conjugate vaccine (MCV4): Preferred for adults ages 55 years and younger who have specific risk factors. A single dose of MCV4 is also recommended for unvaccinated, first-year college students living in dormitories. Adults previously vaccinated with meningococcal polysaccharide vaccine, who continue to be at increased risk for infection, may need to be revaccinated with meningococcal conjugate vaccine after five years.

Varicella (chicken pox): All adults who lack evidence of immunity to varicella should receive two doses if not previously vaccinated or a second dose if they have received only one dose, unless they have certain medical conditions that could be exacerbated by the vaccine. Special consideration should be given to those who have close contact with persons at high risk for severe disease or those at high risk for exposure or transmission.

Human Papillomavirus (HPV): Routine vaccination with HPV for females ages 11 to 12 years. Catch-up vaccination for females ages 13 to 26 years who have not been vaccinated previously or who have not completed the full vaccine series. Given in a three-dose schedule, with the second dose administered one to two months after the first and the third dose given six months after the first dose. HPV4 may be administered to males ages 9 to 26 years who wish to reduce their likelihood of acquiring genital warts.

Herpes Zoster (Shingles) vaccine: All adults ages 60 years and older should receive a single dose of the vaccine regardless of history of herpes zoster.

Recommended supplements: Multivitamin and calcium daily for all groups ages 19 years and older. Folic acid daily for women of child-bearing ages 18 to 50 years.

SCREENINGS:

Height, weight, body mass index and blood pressure: Annually for all age groups.

Vision exam with eye care professional: Between the ages 20 to 29 years, at least one eye exam by eye care physician and between the ages 30 to 39 years, at least two eye exams. A comprehensive baseline eye exam by an eye care physician at age 40 years, then every two to four years thereafter. Individuals ages 55 to 64 years, eye exams every one to three years and for individuals ages 65 years and older, eye exams every one to two years. Frequency of exams may vary and are determined by individual's particular risks, race, age and medical history.

Glaucoma test: Every five years beginning at age 35 years.

AGES 19 YEARS AND OLDER

(continued)

Ear health: Every two to four years for ages 40 to 64 years and every one to two years for ages 65 years and older.

Hearing screening: At least once every 10 years for ages 19 to 50 years. Every three years for ages 50 years and older.

Dental health visits: One to two times per year.

Blood tests (cholesterol level, hemoglobin, glucose level): Annually beginning at age 20 years.

Blood tests (thyroid test): Starting at age 35 years, then every five years.

Diabetes screening: Should be considered for all high-risk adults who are overweight or obese ($\text{BMI} \geq 25 \text{ kg/m}^2$) and who have one or more additional risk factors for diabetes. If no risk factors, testing should start at age 45 years, then at three-year intervals if test results are normal.

Skin health/mole exam: Monthly self-mole exam for all ages; between ages 20 and 39 years the exam should be performed by health care professional as part of routine physical. Annually by a health care professional beginning at age 40 years.

Colorectal cancer screening: Beginning at age 50 years, men and women who are at average risk for developing colorectal cancer (or at an age deemed appropriate by the physician for those at increased risk) should have one of the screening options below:

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every five years.**
- Colonoscopy every 10 years.
- Double-contrast barium enema every five years.**
- CT colonography (virtual colonoscopy) every five years.**

Tests that find cancer:

- Fecal occult blood test (FOBT) every year.**
- Fecal immunochemical test (FIT) every year.**
- Stool DNA test (sDNA), interval uncertain.**

** *Colonoscopy should be done if test results are positive.*

AGES 19 YEARS AND OLDER

(continued)

Breast self exam (BSE): BSE should be performed monthly by women beginning in their 20s. Women should know how their breasts normally feel and report any breast change promptly to their physician. Technique should be reviewed by physician during an annual physical exam.

Clinical breast exam (CBE): Women in their 20s and 30s should have a CBE as part of their health exam, preferably every three years. Women ages 40 years and older should have a CBE performed annually by a health care professional.

Baseline Mammography: One baseline mammogram should be performed for women between ages 35 and 39 years.

Mammography: An annual mammogram is recommended for women beginning at age 40 years, or younger for women at high risk.

Pap test: All women ages 21 to 29 years should be screened for cervical cancer every two years. Women ages 30 years and older who have had three consecutive negative cervical cytology test results may be screened once every three years. Women ages 65 to 70 years or older who have had three or more normal Pap tests in a row and no abnormal Pap tests results in the last 10 years may choose to stop having cervical cancer screening. Women who have certain risk factors should continue to be screened for cervical cancer as recommended by their physician.

Chlamydia screening: Annually for women ages 25 years and younger if sexually active. Women ages 26 years and older should be screened annually if at high risk for STIs. Pregnant women should also be screened.

Testicular exam: Monthly self-exam for males; annually by a health care professional.

DEXA screening (bone density): For all women ages 65 years and older and men ages 70 years and older, regardless of clinical risk factors. Also for younger, postmenopausal women and men ages 50 to 70 years based on their clinical risk factor profile.

Prostate cancer screening: According to the American Cancer Society, asymptomatic men who have at least a 10-year life expectancy should have the opportunity to make an informed decision with their physician about whether to be screened for prostate cancer, after receiving information about the uncertainties, risks and potential benefits associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process. Men at average risk should receive this information beginning at age 50 years. Men at higher risk, including African-American men and men who have first-degree relatives (father or brother) diagnosed with prostate cancer before age 65 years, should receive this information at age 45 years. Men at appreciably higher risk (multiple family members diagnosed with prostate cancer before age 65 years) should receive this information beginning at age 40 years.

AGES 19 YEARS AND OLDER

(continued)

Thyroid test: Every five years starting at age 35 years.

Lipid screening: Fasting fractionated lipid screening for men ages 35 years and older and women ages 45 years and older, every five years.

Abdominal Aortic Aneurysm (AAA) screening: One-time screening for AAA by ultrasonography for men ages 65 to 75 years who have ever smoked.

Counseling: As age appropriate, topics include at a minimum: smoking cessation; alcohol and drug use; sexually transmitted diseases and human immunodeficiency virus (HIV) prevention; perimenopause and menopause; depression and suicide prevention; domestic violence; nutrition, body mass index calculation, weight management and limiting fat and cholesterol; sun exposure; oral health; maintaining regular physical activity; lower back protection; fall precautions; immunization practices; seat belt/safety helmet use; use of aspirin to prevent coronary heart disease for those at high risk and the use of multiple medications.

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- People at high risk of serious flu complications, including young children, pregnant women, people who have chronic health conditions like asthma, diabetes or heart and lung disease.
- People ages 65 years and older and anyone who cares for children younger than age 6 months.

NOTES:


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