For your health (continued)

Clinical Breast Exam (Female)		
Age 18-39	**Age 40-59**	**Age 60-74**
With health maintenance exam	Yearly	Yearly
Self-Breast Exam Teaching (Female)		
Age 18-39	**Age 40-59**	**Age 60-74**
All ages with health maintenance exam		
Mammogram (Female)		
Age 18-39	**Age 40-59**	**Age 60-74**
	Yearly	Yearly
Pelvic Exam/Pap Smear (Female)		
Age 18-39	**Age 40-59**	**Age 60-74**
Every 1-3 years	Every 1-3 years	Every 1-3 years
Discontinue regular testing after age **65** in women who have had regular previous screenings, are not on estrogen, or sexually active.		
Testicular Exam (Male)		
Age 18-39	**Age 40-59**	**Age 60-74**
All ages with health maintenance exam		
Prostate Screening - Digital Rectal Exam or PSA (Male)		
Age 18-39	**Age 40-59**	**Age 60-74**
		Yearly after age 50
Flu Vaccines (Female & Male)		
Age 18-39	**Age 40-59**	**Age 60-74**
Yearly for certain chronic disease conditions	Yearly after age 50	Yearly
Pneumonia Vaccine (Female & Male)		
Age 18-39	**Age 40-59**	**Age 60-74**
As required for those at high risk		Age 65
Tetnus/Diptheria (Female & Male)		
Age 18-39	**Age 40-59**	**Age 60-74**
Every ten years if adolescent booster was given	Every 10 years	Every 10 years

Please review tests to see if you are in need of medical care.

Call McLaren Health Plan and ask to speak with a nurse if you have any questions.

(888) 327-0671

Sources:

Child

1. Recommended Childhood Immunization Schedule, United State 2006. Center for Disease Control National Immunization Program.
2. Medicaid Program, Medial Services Administration, Bulleting 02-07 EPSDT

Adult

1. The Guide to Clinical Preventive Services 2006
2. Centers for Disease Control & Prevention National Immunization Program 2006

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These Preventive Health Screening Guidelines are considered recommendations. The recommendations do not replace a doctor's medical judgment. In addition, if a member is designated as *high risk, any recommendation should be given individual consideration and may be overridden.

- High risk is determined by a practitioner based on an individual's family history, medical history, or other significant factors.

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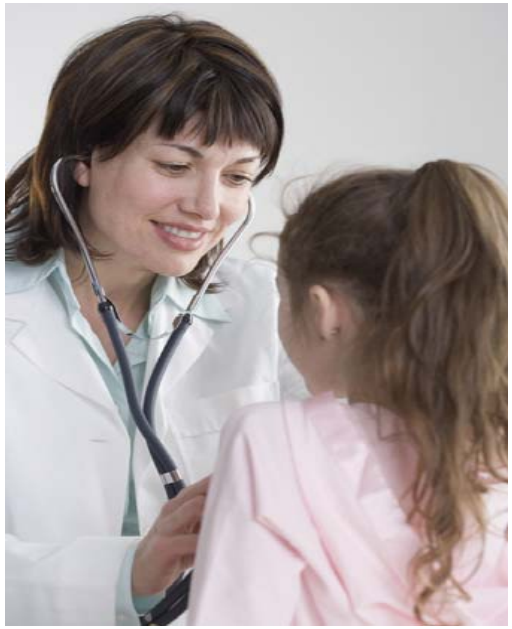
PREVENTIVE HEALTH GUIDELINES



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For your child.

McLaren Health Plan Child Preventive Guidelines

SCREENING TESTS	0-18 MONTHS	2-5 YEARS	6-11 YEARS	12-17 YEARS
Routine Physical Examination Developmental Assessment And Growth Chart	By 4 weeks and at age 2, 4, 6, 12, 15, & 18 months	Every year	Every year	Every year
Head Circumference	Same as above	Up to and & age 2		
Pediatric History	Yearly	Yearly	Every two years	Every two years
Lead Screening	12 & 24 months	Test at any age over 3 if not previously tested		
BP		Every year after age 3		
Vision and Hearing Screening	Subjective screening at well child visit	Objective vision screening and subjective hearing screening at age 3 and at every well child visit		
Breast Exam and Self-exam				Self-examination
Pelvic Exam/Pap Smear				If indicated
Testicular Exam & Self-exam Instruction	NA			Self-examination
Scoliosis Screening		At school physical		Starting at age 13
VACCINES **	**0– 18 MONTHS**	**2-5 YEARS**	**6-11 YEARS**	**12-17 YEARS**
DTap (5)	2, 4, 6 ,15-18 months	Once between ages 4	6 years of age	
Td (1)			Booster between ages 11-15; before age 16	
IPV (4)	2, 4, 6-18 months	Once between ages 4 & 6		
MMR (2)	12-15 months	Once between ages 4 & 6	Ages 11-12 if not previously administered	
Hib-conjugate (4)	2, 4, 6, 12-15 months			
Pneumococcal Conjugate (4)	2, 4, 6, and 12-15 months	Recommended for certain child at high risk for 24-59 months & 2-5 years of age		
Hepatitis B (3) (this schedule may vary depending on mother's history)	Birth-2 months; if mother HBsAG: Ages 11-12 if not: 1-4 months 6-18 months			
Varicella (1)	12-18 months		Ages 11-12 if not previously administered	
Meningococcal (1)			Ages 11-12	

** CDC vaccine information provided with every vaccine.

For your health...

McLaren Health Plan Adult Preventive Guidelines

Health Maintenance (Physical) exam		
Age 18-39	**Age 40-49**	**Age 50+**
Every 5 years	Every 5 years	Every 2 Years
Blood Pressure Measurement		
Age 18-39	**Age 40-49**	**Age 50+**
At every office visit and at a minimum every 2 years. If Blood Pressure is >120/80, more frequent monitoring is recommended.		
Cholesterol and Lipid Screening		
Age 18-39	**Age 40-49**	**Age 50+**
Measure a complete fasting lipoprotein profile, i.e. total cholesterol, LDL C, HDL C and triglycerides every 5 years if testing is normal in a low risk adult. If multiple risk factors, more frequent testing is recommended		
Digital Rectal Exam or Stoll for Blood Test		
Age 18-39	**Age 40-49**	**Age 50+**
No requirement unless high risk		At age 50 and every 5 years after
Sigmoidoscopy		
Age 18-39	**Age 40-49**	**Age 50+**
No requirement unless high risk		At age 50 and every 5 years after
Barium Enema		
Age 18-39	**Age 40-49**	**Age 50+**
No requirement unless high risk		At age 50 and every 5 years after
Colonoscopy		
Age 18-39	**Age 40-49**	**Age 50+**
No requirement unless high risk		At age 50 and every 10 years after