



Preventive Guidelines

HealthFlex has adopted the following preventive care guidelines based on the recommendations of the U.S. Preventive Services Task Force. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Please direct questions to your personal physician.

Please refer to your Benefit Booklet or contact your medical carriers customer service to determine preventive services covered under your benefit plan.

Young Adults, age 11 to 24

Screening	Recommended Frequency
Height/weight	Periodically*
Blood pressure	Periodically*
Papanicolaou (Pap) test	Annually for sexually active females or beginning at age 18 <i>After 3 consecutive normal tests, may decrease to every 3 years if agreed to by your physician</i>
Chlamydia screen	Routine screenings recommended for all sexually active females
Rubella serology or Vaccination history	Recommended for all females of childbearing age
Multivitamins with folic acid	Females planning/capable of pregnancy
Assess problem drinking	Periodically*
Immunizations	Recommended Frequency
Tetanus-diphtheria (Td)	Boosters between ages 11-16 and then periodically*
Hepatitis B	If not previously immunized, 1 immunization at current (next) visit, the 2 nd dose 1 month later and the 3 rd dose at least 4 months after the 1 st dose and 2 months after the 2 nd dose
MMR	1 immunization between ages 11-12, if 2 nd dose was never received
Varicella	1 immunization between ages 11-12, if susceptible to chicken pox Susceptible children age 13 and older should receive two doses, at least one month apart
Rubella	Administered after age 12—females who are not pregnant

*Frequency should be discussed with your physician

Note: In order to ensure full payment of benefits, routine diagnostic codes should be used for services rendered for wellness examinations.