

Preventive Health Guidelines: Birth to age 21 years

Horizon Blue Cross Blue Shield of New Jersey wants to help your child get the care he or she needs. Discuss these guidelines with your child's doctor and use them in planning to get preventive care services for your child.

Well Visits	Birth to 1 year old	1 to 4 years old	5 to 10 years old	11 to 18 years old	19 to 21 years old
Routine Well Visits including developmental milestones, behavioral assessments, health and well-being guidance, physical activity and nutrition.	Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge to include evaluation for feeding and jaundice. Well visits at ages 1, 2, 4, 6, 9 and 12 months.	Ages 15, 18, 24 and 30 months; and ages 3 and 4 years.	Yearly	Yearly	Yearly
Screenings/Tests	Birth to 1 year old	1 to 4 years old	5 to 10 years old	11 to 18 years old	19 to 21 years old
Anemia	Once at 12 months.	At other visits, doctor may order screenings as indicated.			
Autism Spectrum Screening		Ages 18 and 24 months.			
Blood Pressure		Yearly, beginning at age 3 years. At other visits, doctor may order screenings as indicated.			
Cervical Cancer Screening (Females)					Start screening at age 21 years for cervical cancer; every 3 years with cervical cytology alone.
Cholesterol	Screen once between ages 9 to 11 years and once between ages 18 to 21 years. Doctor may order screenings as indicated.				
Depression Screening				Ages 12 and older, every visit.	
Growth and Body Mass Index (BMI)	Doctor will check child's growth at all visits by measuring length, weight and head circumference. Growth to be checked yearly. Check head circumference up to 2 years. BMI: ages 24 months and 30 months; every year starting at age 3 years.				
Hearing	Newborn hearing screening. Doctor should confirm by 2 months of age.	Ages 4, 5, 6, 8 and 10 years. If the child has a language delay or is at risk of hearing loss, doctor may check every six months until age 3 years and throughout childhood.		Screen with audiometry once between ages 11 to 14 years, once between ages 15 to 17 years and once between ages 18 to 21 years.	
Human Immunodeficiency Virus (HIV)				Screen once between ages 15 to 18 years. At other visits, doctor may order screenings as indicated.	
Lead	Screen at 12 and 24 months. Doctor may recommend additional screening between 6 months and 6 years.				

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Newborn Blood/Bilirubin/Heart Exam	Evaluation after birth.				
Oral Health	By age 6 months, talk to your doctor about the presence of fluoride in the local water supply, and other foods and beverages prepared with fluoridated water. Doctor may prescribe fluoride supplementation and apply fluoride varnish if necessary. Oral health to be checked at all ages.				
Psychosocial/Behavioral Assessment	At birth and continued to age 21 years.				
Tobacco Assessment				At ages 12 to 21 years.	
Tuberculosis (TB)	Tuberculin skin testing if at high risk.				
Vision	Doctor may perform test depending on risk assessment.	Test at ages 3 through 6 years, and at ages 8, 10, 12, 15 and 18 years. At other visits, doctor may order screenings as indicated.			
Immunizations ¹	Birth to 1 year old	1 to 4 years old	5 to 10 years old	11 to 18 years old	19 to 21 years old
Diphtheria, Tetanus, Pertussis (DTaP) Tetanus, Diphtheria, and Acellular Pertussis (Tdap) [Replaces Tetanus Diphtheria (Td)]	DTaP 5 doses: ages 2, 4, 6 months; 15 to 18 months and ages 4 to 6 years.			TDaP 1 dose: between ages 11 to 12 years.	
Haemophilus Influenza Type B (Hib)	3 or 4 doses, (depending on formulation): ages 2 months, 4 or 6 months; and between ages 12 to 15 months.				
Hepatitis A		2 doses: between ages 12 to 23 months. Second dose to be given at least 6 months apart according to vaccine schedule.			
Hepatitis B	3 doses: at birth, ages 1 to 2 months, and ages 6 to 18 months. <i>If HPV vaccine was given at the hospital, bring a record to your child's pediatrician so that the office has a copy.</i>				
Human papillomavirus (HPV) (males and females)				Ages 11 to 12 years: 2- or 3-dose series depending on age at initial vaccination.	
Inactivated Polio (IPV)	4 doses: ages 2 and 4 months; 6 to 18 months; and 4 to 6 years.				
Influenza (Flu)	Routine annual influenza vaccination is recommended for children aged ≥6 months that do not have contraindications. Review with your doctor if your child is ages 6 months to 8 years as a second dose may be recommended (would be given at least 4 weeks after the first dose).			1 dose: annual vaccination.	
Measles, Mumps, Rubella (MMR)		2 doses: between ages 12 to 15 months. 1 dose: between ages 4 to 6 years.			
Meningococcal Vaccine				2 doses between ages 11 to 12 years and at age 16 years.	
Pneumococcal Conjugate (PVC13)	4 doses: ages 2, 4 and 6 months and between ages 12 to 15 months.				
Rotavirus	2 or 3 doses (depending on formulation): ages 2, 4 and 6 months.				
Varicella (Chicken Pox)		2 doses: between ages 12 to 15 months and between 4 to 6 years.			

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Please check your Horizon BCBSNJ member materials or with your benefits administrator for information about your preventive coverage. You can also sign in to [HorizonBlue.com](https://www.horizonblue.com) to send an email or chat with a Member Services Representative or call Member Services at the number on the back of your member ID card. *On the go?* Download our Horizon Blue mobile app, available in the App Store® and Google Play™ or by texting “**Get App**” to **422-272**.²

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.

Additional Information

Coverage of Preventive Services under the Patient Protection and Affordable Care Act (PPACA) is required for non-grandfathered plans.

The member’s non-grandfathered plan provides PPACA Preventive Services at no cost sharing ONLY through in-network doctors and other health care professionals. Preventive care services received out of network will be covered under the member’s current out-of-network benefits (if any) and cost sharing arrangement.

Please visit [HealthCare.gov](https://www.healthcare.gov) for more information on Preventive Services covered under PPACA.

Recommendations from your child’s doctor may vary from these guidelines and should take priority, as they are based on your child’s own health condition and risk factors.

¹ If your child has a medical condition that puts him/her at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he/she may need.

² Must be age 18 years or older. Data and messaging rate may apply from your mobile carrier.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (2985)**.

Chinese (中文): 如需中文協助，請致電 **1-800-355-BLUE (2583)**。