2026 Preventive health guidelines

Take steps toward a healthier future by making preventive care a priority. Your health plan covers certain preventive screenings, wellness exams, and vaccinations to help find potential health issues early and keep you and your family healthy.

While the following guidelines provide examples of various preventive services, they may not mention every service that's available to you. It's important to talk to your doctor about which exams, screenings, and vaccines are right for you and your family, so you can develop a personalized care plan.

These guidelines are based on state-specific requirements and tips from health experts, including:

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics — Bright Futures (AAP)
- Advisory Committee on Immunization Practices (ACIP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Cancer Society (ACS)
- Centers for Disease Control and Prevention (CDC)
- HRSA — Health Resources and Services Administration
- U.S. Preventive Services Task Force (USPSTF)



Keep in mind, coverage of preventive services varies by health plan, so your plan may not pay for all the services and screenings listed here.

To find out what your plan covers, you can:

- Visit www.anthem.com/ca
- Call the Member Services number on your ID card.
- Check the member handbook.

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Well-baby and well-child exams

Well-baby exam — birth to 2 years

Infants should be seen by a doctor at birth and again at the following ages, or as their doctor suggests:

- 3 to 5 days old
- 2 weeks to 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months

Babies who leave the hospital less than two days (48 hours) after birth need to be seen by a doctor within 2 to 4 days after being born. All infants should receive treatment with an eye ointment to prevent a possible infection passed down by the mother during birth.

Well-baby visits may include a physical exam, vaccinations, and age-appropriate tests and screenings like those in the chart below. Your child's doctor may also talk to you about:

- Newborn care, safety and development
- Nutrition and feeding
- You and your family's health and well-being
- Minimizing exposure to ultraviolet (UV) radiation

Screenings	Age to receive screening (in months)
Weight, length, and head measurement	At each visit
Body mass index (BMI) percentile*	At 24 months
Newborn metabolic, such as PKU, (when the body is unable to break down protein), sickle cell (an inherited blood disorder), and thyroid screening	Birth to 2 months (best checked at 3–5 days)
Bilirubin (checks for newborn jaundice)	Birth to 2 months
Critical congenital heart defect (birth defects of the heart)	At birth
Feeding and jaundice	Evaluated within 3 to 5 days of birth and within 48 to 72 hours after hospital discharge
Development — brain, body, social, emotional, and behavioral	At each visit
Hearing	As a newborn and at each visit
Vision	Each visit
Blood pressure	Check for risk at each visit
Oral/dental health	Referral to a primary care dentist, if needed, starting at 6 months. Begin yearly dental exams starting at 12 months. Fluoride varnish when teeth start coming in (usually around 6 to 24 months old) Fluoride prescription based on your drinking water (from 6 to 24 months old)
Hemoglobin or hematocrit (blood count)	Risk assessment at 4 months. Screen once at 12 months. Check for risk as the doctor suggests.
Hepatitis B	Check for risks at each visit
Lead testing	At 12 and 24 months. Check for risks as the doctor suggests.
Anemia	Check for risk at 4 months and at each visit beginning at 15 months

Screenings	Age to receive screening (in months)
Autism (a condition that affects social skills and the way one communicates)	At 18 and 24 months
Maternal postpartum depression (after a mother gives birth)	At 1, 2, 4, and 6 months
Blood pressure	Check for risk at each visit
Lipid disorder (cholesterol problems)	Check for risk at 24 months
Tuberculosis	Check for risk and test as the doctor suggests

Note: Treatment with an eye ointment is recommended at birth for all infants to prevent any infection passed by the mother during delivery.

Well-child exam — 2 ½ to 10 years

Depending on your child's age, the doctor may talk with you about:

- Promoting healthy nutrition.
- Exercise, growth, safety, and healthy habits.
- Any learning or school issues.
- Emotional and mental health.
- Family and home living issues.
- Minimizing exposure to UV radiation.

During the visit, your child may receive:

- A full-body exam.
- Vaccines.
- Other tests and screenings.

Screenings	Age to receive screening (in years)
Height, weight, BMI percentile*	Each year.
Development — brain, body, social, emotional, and behavioral	At each visit
Vision	Each year
Hearing	Each visit beginning at age 4 years Risk assessments at each visit before age 4 years
Anxiety	Each year beginning at age 8 years
Lipid disorder (cholesterol problems)	Once between ages 9–11 years Check for risk at all other ages
Oral/dental health	Dental exams each year Fluoride varnish on the teeth when the dentist suggests (between 2 ½ and 5 years) Fluoride prescription based on your drinking water (between 2 ½ and 10 years)
Anemia	Check for risk at each visit
Hemoglobin or hematocrit (blood count)	Check for risks each year
Blood pressure	Each year starting at age 3 years Check for risks before age 3 years
Lead testing	Check for risks through age 6 years
Hepatitis B	Check for risks at each visit
Tuberculosis	Check for risk and test as the doctor suggests

Well-child exam — 11 to 20 years

Depending on age, the doctor may talk about:

- **Growth and development**, such as oral health habits, body image, healthy eating, physical activity, and sleep.
- **Emotional well-being**, including mood control and overall mental health.
- **Safe sex**, especially reducing risks of sexually transmitted infections and diseases (STIs and STDs) and pregnancy.
- **Substance use**, whether that be drinking alcohol or using tobacco, e-cigarettes, or prescription or illegal drugs.
- **School performance**.
- **Family and home living issues**.
- **Safety**, such as seat belt use, helmet use, and sun protection.
- **Firearm safety,** if you own or are around guns.
- **Intimate partner violence**.
- **Minimizing exposure to UV radiation**.

Screenings	When to receive them
Height, weight, BMI*	Percentile to age 19, then BMI each year
Development — brain, body, social, emotional, and behavioral	Each year
Depression and suicide risk	Each year starting at age 12 years
Anxiety	Each year
Blood pressure	Each year
Vision	Each year
Hearing	Screen with audiometry, once between ages 11–14 years, once between ages 15–17 years and once between ages 18–21 years
Oral/dental health	Referral to a dentist each year Fluoride prescription based on your drinking water (between ages 11 to 16 years)
Hemoglobin or hematocrit (blood count)	Check for risks each year
STIs including chlamydia and gonorrhea	Check for risk each year starting at age 11 years, if sexually active
Syphilis	Screen in those at increased risk of infection
Human immunodeficiency virus (HIV)	Screen once between ages 15 to 21 years. Check for risks each year. Persons who at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Lipid disorder (cholesterol problems)	Once between ages 9 to 11 years Once between ages 17 to 21 years Risk assessment every other year
Anemia	Check for risk at each visit
Substance use disorder and tobacco addiction	Check for risks each year starting at age 11 years
Tuberculosis	Check for risks each year and test as your doctor suggests
Hepatitis C	Screen between the ages of 18 to 79 years

Screenings	When to receive them
Hepatitis B	Check for risks each year. Screen if at increased risk for infection.
Cervical dysplasia	Pap test beginning at age 21 years
Sudden cardiac arrest/death	Risk assessment each year beginning at age 11 years

* Height and weight are used to find BMI. BMI is used to see if a person has the right weight for their height or is underweight or overweight for their height. BMI percentile is used in children ages 2 to 19 to identify where a child falls in relation to other children.

This guide is just for your information; it is not meant to take the place of medical care or advice. Some people may be at higher risk for health issues due to their family history, their race or ethnicity, or other reasons. Talk to your child's doctor if you have concerns about their health.

Please note: Coverage of these services varies by health plan.



Adult screenings — women

Yearly wellness visits

During your annual visit, your doctor may perform or recommend certain screenings based on your age or medical history, including those on the chart below.

Your doctor may also talk to you about:

- Diet and physical activity.
- Mental health, including depression.
- Oral and dental health.
- Tobacco use, or how to quit.
- Avoiding secondhand smoke.
- Drinking alcohol or using drugs.
- Skin cancer risks.
- Intimate partner and domestic violence.
- Minimizing exposure to UV radiation.
- Family planning, including:
  - Safe sex (counseling may be provided to prevent sexually transmitted infections in adults at increased risk).
  - Birth control to help avoid unwanted pregnancy.
  - Spacing out pregnancies to have the best birth outcomes.
  - Folic acid supplements for women of childbearing age.
- Importance of exercise in adults over age 65 in preventing falls.
- How to navigate services for breast and cervical cancer screening and follow-up, as relevant.

Screenings	When to get them
Height, weight, BMI[1]	Screen each year or as your doctor suggests. Women with a high BMI (30 or more) should be offered intensive weight loss interventions to help increase exercise and improve eating habits.
Blood pressure	Each year or as your doctor suggests. Recheck high readings at home.
Cardiovascular disease (CVD) risk assessment	As your doctor suggests from ages 40 to 75 years. Women who are at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine). Lipid screening may be required to assess risk.
Glucose (blood sugar) screening for type 2 diabetes	As your doctor suggests from ages 35 to 70 years, especially if overweight or obese. Individuals with high blood sugar should talk to their doctor about intensive counseling interventions to promote a healthy diet and physical activity.
Osteoporosis (checks how dense your bones are)	Testing should start no later than age 65 years. Women in menopause should talk to their doctor about osteoporosis and have the test when at risk.
Depression and suicide risk	Each year
Anxiety	Each year (up to age 65 years)
Breast cancer risk	As your doctor suggests in women aged 35 and older at increased risk for breast cancer. Women who are at increased risk for breast cancer and at low risk for adverse medication effects should be offered risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors.
Mammogram (breast X-ray)[2]	Consider screening every 1 to 2 years from ages 40 to 74 years

Screenings	When to get them
BRCA gene risk assessment	As your doctor suggests in women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations
Cervical cancer	For ages 21 to 29 years, Pap test every 3 years. For ages 30 to 65 years, either do a Pap test every 3 years; or a human papillomavirus (HPV) test alone, or a combination Pap test and HPV test every 5 years. Stop testing at age 65 years if the last 3 Pap tests or last 2 co-tests (Pap plus HPV) within the last 10 years were normal. If there was an abnormal Pap test within the past 20 years, talk with your doctor.
Colorectal cancer	From ages 45 to 75 years, your doctor may suggest one or more of these test options: Stool (feces) tests: • Fecal immunochemical test (FIT) • FIT-DNA: stool and DNA combo test • Guaiac-based fecal occult blood test (gFOBT) Visual tests: • Colonoscopy (using a small camera on the end of a flexible tube to look at your entire colon) • CT colonography (using a CT scanner to take images of inside the colon) Flexible sigmoidoscopy (using a small camera on the end of a flexible tube to look at the last part of your colon, called the sigmoid colon)
Lung cancer with low-dose computed tomography (LDCT)	Beginning at age 50 years in those with a 20-pack-year smoking history and currently smoke or have quit within the past 15 years
Hepatitis B	Screen if at increased risk for infection
Hepatitis C	Screen between the ages of 18 to 79 years
Chlamydia and gonorrhea	Age 24 years or younger if sexually active Age 25 years and older if increased risk for infection
Syphilis	Screen in those at increased risk of infection
HIV	As your doctor suggests between ages 19 to 60 years. Persons who at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Tuberculosis	Screen for latent infection in those at increased risk

Recommendations are stratified by "men" and "women," although the net benefit estimates are driven by biological sex (i.e., male/female) rather than gender identity. Persons should consider their sex at birth and current anatomy and consult with their own clinician, if necessary, to determine which recommendation best applies to them.

1 Height and weight are used to check body mass index (BMI). Checking someone's BMI helps determine if they are a healthy weight for their height, or if they are underweight or overweight.

2 Women should talk to their doctor and make a personal choice about the best age to start having mammograms and possibly screen every two years when older.

Pregnancy

Within the first three months of pregnancy, it's important to visit a doctor to set up a prenatal care based on a comprehensive needs assessment. plan. At each visit, your doctor will check your health and the health of your baby. The doctor may talk to you about:

- What to eat.
- How to be active when pregnant.
- Avoiding tobacco, drugs, alcohol, and other substances.
- Breastfeeding, lactation supplies, and counseling.

Testing:

Your doctor may want you to have these screenings:

- **Depression and suicide risk screenings** (done during and after pregnancy).
- **Anxiety screening** (done during and after pregnant).
- **Diabetes** screening for gestational diabetes at 24 weeks or later.
- **Preeclampsia** (high blood pressure that causes other problems during pregnancy).*****
- **Hematocrit/hemoglobin** (blood count).
- **Rubella immunity** (to find out which women need the rubella, aka German measles, vaccine after giving birth).
- **Rh(D) blood type and antibody testing** (checks to see if your blood type and your baby's blood type are compatible.) If Rh(D) negative, repeat test at 24 to 28 weeks.
- **Hepatitis B** screening recommended at first prenatal visit.
- **HIV** screening recommended in all pregnant persons whose HIV status is unknown, including those who present in labor or at delivery. Persons who at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
- **Syphilis** serologic screening recommended in all pregnant persons at first prenatal visit. Universal screening should be done during the third trimester and at birth.
- **Urine** for asymptomatic bacteriuria, as your doctor suggests.

Other tests and screenings:

- **Amniocentesis** (an ultrasound and testing of the fluid surrounding your baby).
- **Cell-free DNA** (a blood test to check for chromosomal abnormalities in the baby).
- **Chorionic villus sampling** (checks for birth defects and more).
- **Ultrasound tests** (to look at the baby in the womb). During the first three months, these are done along with blood tests to check the baby for chromosomal abnormality risk and more.

These and other tests can check the baby for health concerns. The right tests and the right times to do them depend on:

- Your age.
- Your medical history and family history.

Talk to your doctor about:

- Which tests may be best for you.
- What the tests can tell you about your baby.
- Any risks.

* If you have a high risk of preeclampsia, your doctor may recommend taking a low-dose aspirin to prevent other



problems while you are pregnant.

Vaccines:

- **Flu**: If you are pregnant during flu season (October through March), your doctor may want you to have the inactivated (killed) flu shot.
- **Tdap**: Pregnant teens and adults need a Tdap vaccine during each pregnancy. It's best to receive the vaccine between weeks 27 and 36, although it may be given at any time during pregnancy.
- **Respiratory syncytial virus (RSV)**: Depending on the season, your doctor may recommend one dose of vaccine during 32–36 completed weeks gestation.

It's best to receive most vaccines before pregnancy. Women should check with their doctor to make sure their vaccines are up to date.

You should not get these vaccines while you are pregnant:

- **Measles, mumps, rubella (MMR)**
- **Varicella (chickenpox)**

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Please note: Coverage of these services varies by health plan.

Adult screenings — men**

During your visit, the doctor may talk with you about:

- Diet and physical activity.
- Mental health, including depression.
- Oral and dental health.
- Tobacco use, or how to quit.
- Avoiding secondhand smoke.
- Drinking alcohol and using drugs.
- Skin cancer risks.
- Intimate partner violence.
- Family planning, including safe sex (counseling may be provided to prevent sexually transmitted infections in adults at increased risk) and preventing unwanted pregnancy with a partner.
- Minimizing exposure to UV radiation.
- Importance of exercise in adults over age 65 years in preventing falls.

At this visit, you may get vaccines and these screenings:

Screenings	When to get them
Height, weight, BMI*	Each year or as your doctor suggests. Men with a high BMI (30 or more) should be offered intensive weight loss interventions to help increase exercise and improve eating habits.
Abdominal aortic aneurysm (enlarged blood vessels in the abdomen)	One time for ages 65 to 75 years if you have ever smoked
Anxiety	Each year (up to age 65 years)
Depression and suicide risk	Each year
Blood pressure	Each year or as your doctor suggests. Recheck high readings at home.
Cardiovascular disease (CVD) risk assessment	As your doctor suggests from ages 40 to 75 years. Men who are at increased risk should be offered a low- to moderate-dose statin (cholesterol medicine) Lipid screening may be required to assess risk.
Colorectal cancer	From ages 45 to 75 years, your doctor may suggest one or more of these test options: Stool (feces) tests: • Fecal immunochemical test (FIT) • FIT-DNA: stool and DNA combo test • Guaiac-based fecal occult blood test (gFOBT) Visual tests: • Colonoscopy (using a small camera on the end of a flexible tube to look at your entire colon) • CT colonography (using a CT scanner to take images of inside the colon) • Flexible sigmoidoscopy (using a small camera on the end of a flexible tube to look at the last part of your colon, called the sigmoid colon)
Glucose (blood sugar) screening for type 2 diabetes	As your doctor suggests from ages 35 to 70 years, especially if overweight or obese. Individuals with high blood sugar should talk to their doctor about intensive counseling interventions to promote a healthy diet and physical activity.



Screenings	When to get them
Hepatitis C	Screen between the ages of 18 to 79 years
Hepatitis B	Screen if at increased risk for infection
HIV	As your doctor suggests between ages 19 to 60 years. Persons who at high risk of HIV acquisition should be offered pre-exposure prophylaxis (PrEP).
Syphilis	Screen in those at increased risk of infection
Lung cancer with low-dose computed tomography (LDCT)	Beginning at age 50 years in those with a 20-pack-year smoking history and currently smoke or have quit within the past 15 years
Tuberculosis	Screen for latent infection in those at increased risk

* Height and weight are used to find BMI. BMI is used to see if a person has the right weight for their height or is underweight or overweight for their height.

Recommendations are stratified by "men" and "women," although the net benefit estimates are driven by biological sex (i.e., male/female) rather than gender identity. Persons should consider their sex at birth and current anatomy and consult with their own clinician, if necessary, to determine which recommendation best applies to them.

— Caughey AB, Krist AH, Wolff TA, et al. USPSTF Approach to Addressing Sex and Gender When Making Recommendations for Clinical Preventive Services. JAMA. 2021; 326(19):1953-1961.

Suggested vaccine schedule

Vaccine	Birth	1–2 months	2 months	4 months	6 months
Respiratory syncytial virus	Varies depending on circumstances				
Hepatitis A					
Hepatitis B	•	•			
Rotavirus (RV)			2-dose or 3-dose series		
Diphtheria, tetanus, pertussis (DTaP)			•	•	•
Tetanus, diphtheria, pertussis (Td/Tdap)					
Haemophilus influenzae type b (Hib)			3–4 doses between 2–15 months with 1st dose at 2 months, last dose at 12–15 months		
Influenza (flu)					
Pneumococcal conjugate (PCV15, PCV 20)			•	•	•
Pneumococcal polysaccharide (PCV15, PCV20, PCV21, PPSV23)					
Measles, mumps, rubella					
Inactivated polio virus (IPV)			•	•	
COVID-19					
Human papillomavirus (HPV)					
Meningococcal					
Varicella (chickenpox)					
Zoster (HZ/su) recombinant vaccine					

For more info about vaccines, such as the Mpox vaccine, which may be recommended based upon individual history, visit cdc.gov/vaccines.

6–18 months	12–15 months	15–18 months	19–23 months	4–6 years	11–12 years	13–18 years	19–64 years	65+ years
Varies depending on circumstances								
	2-dose series between 12–23 months; taken 6–18 months apart							
•							•	
		•		•				
					Tdap		Every 10 years	
Suggested each year from 6 months-65+ years; 2 doses at least 4 weeks apart are recommended for children between 6 months–8 years old getting the vaccine for the first time.								
	•							
								•
	•			•			1–2 doses depending on indication	
•				•			Complete 3-dose series if incompletely vaccinated	
Vaccination recommended for 6 months-65+ years, schedule and dosage depending on vaccination history.								
					2- to 3-dose series depending on age at initial vaccination or condition			
					MenACWY: 11–12 years, booster at 16 years	MenB: Ages 16-23.		
	May be given with MMR as MMVR combined vaccine			•			2-dose series	•
							2-dose series for ages 50+; 2–6 months apart	

Respiratory syncytial virus (RSV): Recommendations dependent on maternal RSV vaccination status when infant was born and individual risk factors of infant. Adults 60 years and older may receive one dose of RSV using shared clinical decision-making.

Hepatitis A (ages 2 to 18): Minimum 6 months between the two doses. If you or your child has not had this vaccine before, talk to your doctor about a catch-up vaccine.

Hepatitis B: The first dose should be given within 24 hours of birth if the birth was outside of a hospital. Children may receive an extra dose (four-dose series) at 4 months if the combination vaccine is used after the birth dose. Individuals aged 60 and older should discuss potential vaccination with their doctor.

Rotavirus (RV): Receive a two-dose or three-dose series (depending on the brand of vaccine used).

Tdap (children through adults): If you or your child (age 7 or older) never received this vaccine, talk to the doctor about a catch-up vaccine.

Haemophilus influenzae type b (Hib): Receive a three-dose or four-dose series (depending on the brand of vaccine used).

Pneumococcal conjugate vaccine (PCV15 or PCV20): Talk to the doctor if your child ages 14 months to 59 months received an incomplete PCV series.

COVID-19: For information on the current COVID-19 schedule and dosage formulation available at cdc.gov/covidschedule.

Influenza (flu): Visit flu.gov or cdc.gov to learn more about this vaccine. Children 6 months to 8 years having the vaccine for the first time should have two doses four weeks apart.

Measles, mumps, rubella (MMR) and varicella (chickenpox): Teens and adults should be up to date on their MMR vaccines. Chickenpox vaccines are for children who have not had chickenpox (MMRV).

Human papillomavirus (HPV): Children who are 11 to 12 years old receive two doses of the HPV vaccine at least six months apart. (The vaccine series can start at age 9.) Teens and young adults who start the series later (at ages 15 to 26) need three doses of HPV vaccine to protect against cancer-causing HPV infection. Adults ages 27 to 45 should talk to their doctor to see if an HPV vaccine is right for them.

Meningococcal: When given to healthy teens who are not high risk for meningococcal disease, two doses of MenA,C,W,Y should be given. Vaccination is also recommended for children and adults at increased risk. Timing is based on the brand of vaccine used, age first dose was received and individual risk factors. For MenB, individuals age 16 to 23 who are not high risk should discuss receiving a MenB vaccine with their doctor.

Pneumococcal (PCV15, PCV20, PCV21) or Pneumococcal polysaccharide vaccine (PPSV23): In adults age 65 and older who have not received PCV or history is unknown recommended schedule based on vaccine received. If you have previously had a PSV13 vaccination, ask your doctor what dose is best for you.

Zoster: Two doses of the Shingrix (HZ/su) vaccine, given 2 to 6 months apart, is recommended for adults 50 and older, including those who received the Zostavax (shingles) vaccine.

Learn more about your plan and what services it covers by [downloading the Sydney℠ Health mobile app or] visiting [anthem.com].

For additional information on various health and wellness topics, visit our blog at [blog URL].





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