



Recommended Health Screenings for Women

US Family Health Plan strongly encourages all of its members to get regular preventive health screenings. The chart below gives some guidelines for preventive health screenings for women. Be sure to request and discuss these recommendations with your Primary Care Provider (PCP). Depending on personal risk factors and family medical history, your PCP may recommend additional or more frequent screenings.

EXAM	STARTING AGE	FREQUENCY
Routine Physical Exam (preventive health visit)	18 40 50	Every 3 – 5 years Every 1 – 2 years Annual
CANCER SCREENING		
Breast Cancer Breast Exam, physical	18	Self-exam monthly and Clinical exam by healthcare provider at annual preventive health visit
Mammogram	39 (or earlier if high risk)	Annual
Cervical Cancer Pelvic exam / PAP Test	18 (or earlier if sexually active)	Every 3 years after 3 consecutive normal tests*
Colon Cancer Fecal occult blood test, Colonoscopy <i>or</i> Sigmoidoscopy	50 50 (or earlier if high risk) 50 (or earlier if high risk)	Annual* Every 10 years* Every 3 - 5 years*
Skin Cancer	18	Self-exam monthly Clinical exam by healthcare provider every 3 years*
HEART HEALTH		
Blood Pressure	18	Every visit or at least every 1 – 2 years
Cholesterol (blood test)	18	Every 5 years

OTHER RECOMMENDED SCREENINGS		
Bone Health - Osteoporosis Bone Mineral Density	40 65	Discuss with your healthcare provider At least once, then discuss with your health care provider for repeat testing
Diabetes (blood test)	18	Every 3 years*
Thyroid (blood test)	35	Every 5 years
Weight / Body Mass Index	18	At preventive health visit
INFECTIOUS DISEASE SCREENINGS		
Hepatitis B	During prenatal period	During prenatal period
Hepatitis C	18, if high risk	Discuss with your health care provider
STD's (Sexually transmitted infections – chlamydia, gonorrhea, syphilis & HPV)	18 (or earlier if sexually active)	Discuss with your health care provider
Tuberculosis	18, if high risk	Annual
HIV	13, especially if high risk	Discuss with your health care provider
SENSORY SCREENING		
Eye Exam	18 At any age if diabetic	Every 2 years Annual if diabetic
Hearing	18 50	Every 10 years Every 3 years
Oral and Dental Exam**	Starting in childhood	1 to 2 times a year
IMMUNIZATIONS		
	18	Discuss with your health care provider
BEHAVIORAL HEALTH		
	18	Discuss with your health care provider

Resources:

- Medline Plus (www.nlm.nih.gov/medlineplus/)
- TRICARE (www.tricare.mil)
- US Department of Health and Human Services/Centers for Disease Control and Prevention (www.cdc.gov)
- US Department of Health and Human Services/Office on Women's Health (www.womenshealth.gov)

* Depending on personal risk factors and family medical history, your PCP may recommend additional or more frequent screenings.

** Dental care is not a covered benefit; however, all individuals are strongly encouraged to practice good dental health and hygiene. A complete oral cavity exam should be part of the routine preventive health visit performed by your PCP.