

# Guidelines to good health for children

Below is a chart of screenings and vaccinations recommended for children. Your child's pediatrician may have other recommendations depending on your child's risk level and medical history.

Screenings and exams for boys and girls	Age	How often	Completed?
Well-child exam parental education: nutrition; development; injury and poison prevention; SIDS; tobacco, alcohol and drug use screening; secondhand smoke; height; weight; body mass index; and depression/emotional health screening	0 – 30 months	12 visits	
	3 – 21 years	Every year	
Hearing screening	Birth (after 24 hours)	Once at birth	
	3 days – 2 months	Once	
	4 months – 10 years	Every visit	
	11 – 14 years	Once	
	15 – 17 years	Once	
	18 – 21 years	Once	



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Screenings and exams for boys and girls	Age	How often	Completed?
Blood pressure screening	Birth – 21 years	Every visit	
Blood lead testing	12 months	Once	
	24 months	Once	
Anemia testing	4 months	Once	
	15 months – 21 years	Every visit	
Tuberculosis testing	1 month	Once	
	6 months	Once	
	1 – 21 years	Every year	
Dyslipidemia testing	2 – 8 years	Every 2 years	
	9 – 11 years	Once	
	12 – 16 years	Every year	
	17 – 21 years	Once	
Vision screening	Beginning at birth	Every visit	
Autism spectrum disorder screening	18 months	Once	
	24 months	Once	
HIV risk assessment and/or screening	11 – 14 years	Every visit	
	15 – 21 years	At least once	
Sexually transmitted infection risk assessment and, if appropriate, screening	11 – 21 years	Every visit	

Screenings and exams for boys and girls	Age	How often	Completed?
Oral health risk assessment	6 months – 1 year	Every 3 months	
	18 months – 6 years	Every visit	
Dental fluoride risk assessment and, if appropriate, supplementation	6 months – 1 year	Every 3 months	
	18 months – 16 years	Every visit	
Dental fluoride varnish	6 months – 5 years	Every 3 – 6 months	

Routine immunizations for boys and girls	Age	How often	Completed?
HPV (human papillomavirus)	9 – 14 years	2 doses, at least 6 months apart	
	or 15 – 18 years	3 doses at 0, 1 – 2, and 6 months apart	
Diphtheria, tetanus and acellular pertussis vaccine, or DTaP	2, 4 and 6 months	1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> doses	
	15 – 18 months	4 <sup>th</sup> dose	
	4 – 6 years	5 <sup>th</sup> dose	
Rotavirus	2 months	1 <sup>st</sup> dose	
	4 months	2 <sup>nd</sup> dose	
	6 months	3 <sup>rd</sup> dose, if needed	
Tetanus, diphtheria and acellular pertussis vaccine, or Tdap	11 – 12 years	1 dose	

Routine immunizations for boys and girls	Age	How often	Completed?
Hepatitis A	12 – 23 months	2 doses, at least 6 months apart	
Hepatitis B	Birth	1 <sup>st</sup> dose	
	1 – 2 months	2 <sup>nd</sup> dose	
	6 – 18 months	3 <sup>rd</sup> dose	
IPV — polio	2 months	1 <sup>st</sup> dose	
	4 months	2 <sup>nd</sup> dose	
	6 – 18 months	3 <sup>rd</sup> dose	
	4 – 6 years	4 <sup>th</sup> dose	
Hib — <i>Haemophilus influenzae</i> type b	2 months	1 <sup>st</sup> dose	
	4 months	2 <sup>nd</sup> dose	
	6 months	3 <sup>rd</sup> dose, if needed	
	12 – 15 months	3 <sup>rd</sup> or 4 <sup>th</sup> dose	
Flu	6 months – 8 years	1 or 2 doses every year	
	9 – 18 years	1 dose every year	
COVID-19	6 months – 18 years	At least 1 dose of current vaccine	

<b>Routine immunizations for boys and girls</b>	<b>Age</b>	<b>How often</b>	<b>Completed?</b>
<b>Measles, mumps and rubella, or MMR</b>	12 – 15 months	1 <sup>st</sup> dose	
	4 – 6 years	2 <sup>nd</sup> dose	
<b>Varicella (chickenpox)</b>	12 – 15 months	1 <sup>st</sup> dose	
	4 – 6 years	2 <sup>nd</sup> dose	
<b>MenACWY — meningococcal disease</b>	11 – 12 years	1 <sup>st</sup> dose	
	16 years	2 <sup>nd</sup> dose	
<b>Pneumococcal conjugate — pneumonia (PCV15, PCV20)</b>	2 months	1 <sup>st</sup> dose	
	4 months	2 <sup>nd</sup> dose	
	6 months	3 <sup>rd</sup> dose	
	12 – 15 months	4 <sup>th</sup> dose	

*This grid is based on American Academy of Pediatrics recommendations. Talk with your child's pediatrician if you have questions about anything listed in this grid.*



## Nondiscrimination Notice and Language Services

### Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**  
P.O. Box 41789  
North Charleston, SC 29423  
**1-800-228-8554**  
(TDD/TTY: **1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019**  
(TDD/TTY: **1-800-537-7697**)

Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

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[mibluecrosscomplete.com](https://mibluecrosscomplete.com)

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## Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you.

Call **1-800-228-8554**  
(TTY: 1-888-987-5832).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554** (TTY: 1-888-987-5832).

**Arabic:**  
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554** (TTY: 1-888-987-5832).

**Chinese Mandarin:** 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: **1-800-228-8554** (TTY: 1-888-987-5832)。

**Chinese Cantonese:** 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 **1-800-228-8554** (TTY: 1-888-987-5832)。

**Syriac:**  
ܡܠܚܘܙܬܐ: ܐܝܢܐ ܚܘܢܐ ܬܘܚܘܬܐ ܕܠܘܓܐ ܥܪܒܝܬܐ, ܘܢܘܘܢܐ ܕܟܘܢܐ ܕܟܘܢܐ ܕܠܘܓܐ ܥܪܒܝܬܐ. ܐܬܘܠܘ ܒܩܘܡ **1-800-228-8554** (TTY: 1-888-987-5832).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554** (TTY: 1-888-987-5832).

**Albanian:** VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554** (TTY: 1-888-987-5832).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554** (TTY: 1-888-987-5832) 번으로 전화해 주십시오.

**Bengali:** লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554** (TTY: 1-888-987-5832) নম্বরে ফোন করুন।

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554** (TTY: 1-888-987-5832).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554** (TTY: 1-888-987-5832).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554** (TTY: 1-888-987-5832).

**Japanese:** 注意事項: 日本語を話される場合、無料の通訳サービスをご利用いただけます。 **1-800-228-8554** (TTY: 1-888-987-5832) まで、お電話にてご連絡ください。

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (TTY: 1-888-987-5832).

**Serbo-Croatian:** PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554** (TTY: 1-888-987-5832).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554** (TTY: 1-888-987-5832).

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