



# 2022 Preventive Health Care Guidelines

Free preventive care to help you be your healthiest.



**THE OHIO STATE UNIVERSITY**  
HEALTH PLAN

Guidelines may change throughout the year based on new research and recommendations. Get the most up-to-date list of the care that's recommended and free at [osuhealthplan.com/health-plan-tools/forms-policies](https://osuhealthplan.com/health-plan-tools/forms-policies).

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## What are preventive care services?

It's important to visit your doctor regularly to get preventive care. Preventive care lets your doctor find potential health problems before you feel sick. By finding medical problems early, your doctor can help you get the care you need to stay healthy.

The free preventive care services we list in these guidelines are based on recommendations from the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration and the latest medical research from organizations like the American Medical Association.

### Preventive care includes:



Immunizations



Physical exams



Lab tests



Prescriptions

### Questions about preventive care?

Find more information at [osuhealthplan.com/health-plan-tools/forms-policies](https://osuhealthplan.com/health-plan-tools/forms-policies) or call Customer Service at the number on the back of your member ID card.

## When are services free?

**The same service could be preventive (free) or diagnostic (copayments, coinsurance or deductibles apply).**

Preventive care is free when it's:

- ✓ Listed in this guide found at [osuhealthplan.com/health-plan-tools/forms-policies](https://osuhealthplan.com/health-plan-tools/forms-policies)
- ✓ Completed by an in-network doctor or preferred pharmacy. Go to [osuhealthplan.com](https://osuhealthplan.com) and use our Find a Doctor tool to find in-network doctors
- ✓ Done for preventive purposes

	REASON FOR SERVICE	WHAT YOU'LL PAY
<b>Preventive care</b>	To prevent health problems. You don't have symptoms.	You won't pay anything.
<b>Diagnostic care</b>	You have a symptom, or you're being checked because of a known health issue.	This is a medical claim. Your deductible, copayments and coinsurance may apply.

## How do I know if a service is preventive or diagnostic?

If you receive the services in this guide for diagnostic reasons, you may have a cost. A service is diagnostic when it's done to monitor, diagnose or treat health problems. That means:

- If you have a chronic disease like diabetes, your doctor may monitor your condition with tests. Because the tests manage your condition, they're diagnostic.
- If you have a preventive screening and a health problem shows up, your doctor may order follow-up tests. In this case, the tests are diagnostic.
- If your doctor orders tests based on symptoms you're having, like a stomachache, these tests are diagnostic.



*Each year, 7 in 10 American deaths are from chronic diseases like diabetes and heart disease. Many of these diseases can be prevented with early detection and the right care.*  
Source: CDC

## Examples of preventive and diagnostic services

SERVICE	IT'S PREVENTIVE (FREE) WHEN ...	IT'S DIAGNOSTIC WHEN ...
<b>COLON CANCER SCREENING</b>	Your doctor wants to screen for signs of colon cancer based on your age or family history. If a polyp is found and removed during your preventive colonoscopy, the colonoscopy and polyp removal are preventive.	You're having a health problem, like bleeding or irregularity.
<b>DIABETES SCREENING</b>	A blood glucose test is used to detect problems with your blood sugar, even though you don't have symptoms.	You're diagnosed with diabetes, and your doctor checks your A1c.
<b>OSTEOPOROSIS SCREENING</b>	Your doctor recommends a bone density test based on your age or family history.	You've had a health problem, or your doctor wants to determine the success of a treatment.
<b>METABOLIC PANELS</b>	Never preventive.	Always diagnostic. Studies show that a metabolic panel isn't the best test for detecting or preventing illnesses.
<b>COMPLETE BLOOD COUNT (CBC)</b>	Never preventive.	Always diagnostic. Studies show there's no need for this test unless you have symptoms.
<b>PROSTATE EXAM (PSA)</b>	Never preventive.	Always diagnostic. National guidelines have changed recently because this test gives many false results.
<b>URINALYSIS</b>	Never preventive.	Always diagnostic. National guidelines say there's no need for this test unless you have symptoms.
<b>ELECTRO-CARDIOGRAPHY (ECG)</b>	Never preventive.	Always diagnostic. National guidelines say there's no need for this test unless you have symptoms.

# Children's health



## Care for newborns through age 18

You can keep track of services by completing the “Date received” column.

More than one child? Visit [osuhealthplan.com/health-plan-tools/forms-policies](https://osuhealthplan.com/health-plan-tools/forms-policies) for additional copies.

## Physical exams (well-child visits)

AGE	RECOMMENDATION	DATE RECEIVED
<b>Newborn</b>	1 visit 3 – 5 days after discharge	
<b>0 – 2 years</b>	1 visit at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months	
<b>3 – 6 years</b>	1 visit at 30 months and 1 visit every year for ages 3 – 6	
<b>7 – 10 years</b>	1 visit every 1 – 2 years	
<b>11 – 18 years</b>	1 visit every year	

## Immunizations

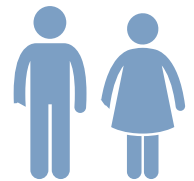
VACCINE	RECOMMENDATION	DATE RECEIVED
<b>Chickenpox</b> (varicella)	1 dose between 12 – 15 months old. Second dose between 4 – 6 years old. For kids 14 and older with no history of the vaccination or disease, 2 doses 4 – 8 weeks apart.	
<b>COVID-19</b>	For the current CDC recommendations regarding COVID-19 vaccination, please visit <a href="https://cdc.gov/coronavirus/2019-ncov/vaccines">cdc.gov/coronavirus/2019-ncov/vaccines</a> . OSU Health Plan COVID-19 coverage information is available at <a href="https://osuhealthplan.com/covid-19">osuhealthplan.com/covid-19</a> .	
<b>Diphtheria, tetanus, whooping cough</b> (pertussis)	1 dose of DTaP at 2, 4, 6 and 18 months old  1 dose of Tdap between 11 and 12 years with a Td booster every 10 years after. Those older than 7 years and not previously immunized can get a single dose of Tdap.	
<b>Flu</b> (influenza)	2 doses 4 weeks apart for healthy children between 6 months and 8 years the first time they get the vaccine. Children who've previously had the flu shot can receive 1 dose annually.	
<b>Haemophilus influenzae type b</b>	1 dose at 2, 4 and 6 months and once between 12 – 18 months old	
<b>Hepatitis A</b>	2 doses at least 6 months apart between 12 – 23 months old. For children not previously immunized, 2 doses can be given at least 6 months apart at your doctor's discretion.	
<b>Hepatitis B</b>	1 dose to all newborns before leaving the hospital, a second dose between 1 – 2 months and a third dose between 6 – 18 months. May begin between 2 – 18 years old if not immunized as a baby.	



## Immunizations (cont.)

VACCINE	RECOMMENDATION	DATE RECEIVED
<b>HPV</b> (human papillomavirus)	2 to 3 doses over a 24-week period starting at age 11 for boys and girls. Your doctor may give the vaccine as early as age 9 if your child is at high risk.	
<b>Measles, mumps, rubella (MMR)</b>	1 dose between 12 –15 months and a second between 4 – 6 years. Can be given to older children if no history of vaccination or the disease.	
<b>Meningitis</b> (meningococcal)	1 dose between 11 – 12 years, with another dose at 16 years. If the first dose is done between 13 – 15 years, then give the second dose between 16 – 18 years. Doctors may give vaccine as early as age 2 if your child is at high risk.	
<b>Pneumonia</b> (Pneumococcal)	1 dose at 2, 4 and 6 months and again at 12 to 15 months. Children over age 2 can get a single dose if not previously immunized. Children with an underlying medical condition can receive an additional dose. Children at high risk can be vaccinated after age 7.	
<b>Polio</b>	1 dose at 2 and 4 months and between 16 – 18 months (3 doses total). Then, 1 dose between 4 – 6 years old.	
<b>Rotavirus</b>	1 dose at 2, 4 and 6 months old	

# Adult health



## Physical exams

AGE	RECOMMENDATION	DATE RECEIVED
<b>19 – 21 years</b>	Once every 2 – 3 years; annually if desired	
<b>22 – 64 years</b>	Once every 1 – 3 years	
<b>65 and older</b>	Once every year	

## Immunizations *Doses, ages and recommendations vary.*

VACCINES	RECOMMENDATION	DATE RECEIVED
<b>Chickenpox</b> (varicella)	2 doses 4 weeks apart for those with no history of the vaccination or disease	
<b>COVID-19</b>	For the current CDC recommendations regarding COVID-19 vaccination, please visit <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines">cdc.gov/coronavirus/2019-ncov/vaccines</a> . OSU Health Plan COVID-19 coverage information is available at <a href="https://osuhealthplan.com/covid-19">osuhealthplan.com/covid-19</a> .	

## Immunizations (cont.)

VACCINES	RECOMMENDATION	DATE RECEIVED
<b>Flu</b> (influenza)	1 dose every year	
<b>HPV</b> (human papillomavirus)	3 doses over a 24-week period up to age 26. Some individuals up to age 45 may benefit, discuss with your doctor.	
<b>Measles, mumps, rubella</b> (MMR)	1 - 2 doses if no history of the vaccination or disease. Can be given after age 40 if at high risk.	
<b>Meningitis</b> (meningococcal)	1 dose for ages 19 – 24 if no history of vaccination. Can be given after age 40 if at high risk.	
<b>Pneumonia</b> (Pneumococcal)	1 dose for those 65 and older. Those at high risk or with a history of asthma or smoking should have 1 dose between ages 19 and 64 with a booster 5 years later.	
<b>Shingles</b> (herpes zoster)	Ages 50 and older	
<b>Tetanus, diphtheria and whooping cough</b> (pertussis)	1 dose if no history of pertussis vaccine regardless of interval since last tetanus vaccine, followed by tetanus every 10 years. This vaccine is recommended especially if you have contact with children under age 1.	

## Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION	DATE RECEIVED
<b>Abdominal aortic aneurysm screening</b>	Once for men ages 65 – 75 with a history of smoking	
<b>Advance care planning</b>	At physical exam. We recommend you choose someone to speak on your behalf. Tell them your health wishes and then document your wishes in an advance directive.	
<b>Alcohol misuse screening and counseling</b>	At physical exam	
<b>Preventive guidance for family and intimate partner violence, breast self-exam, menopause counseling, safety, falls and injury prevention</b>	At doctor's discretion	

## Doctor visits and tests (cont.)

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION	DATE RECEIVED
<b>Blood pressure screening</b>	At physical exam	
<b>Cholesterol test</b>	A test (total cholesterol, LDL, HDL and triglyceride) once at least 5 years or at your doctor's discretion	
<b>Colon cancer screening</b>	<p>For those ages 45 – 75, one of the following screenings:</p> <ul style="list-style-type: none"> <li>• Colonoscopy every 10 years</li> <li>• CT colonography every 10 years</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Fecal occult blood test yearly</li> <li>• Fecal DNA testing every 3 years</li> </ul> <p>Those with a family history (first-degree relative) of colorectal cancer or adenomatous polyps should begin screening at age 40 or 10 years before the youngest case in the immediate family with a colonoscopy every 5 years.</p>	
<b>Depression screening</b>	During physical exam	
<b>Diabetes screening</b>	At your doctor's discretion	
<b>Diet counseling</b>	At your doctor's discretion if you're at high risk for heart and diet related chronic diseases	
<b>Height, weight and body mass index (BMI)</b>	During physical exam	
<b>Hepatitis C screening</b>	Adults at high risk and a one-time screening for adults born between 1945 and 1965	
<b>HIV screening</b>	All adults up to age 65. Screen older adults if at high risk.	
<b>Lung cancer screening</b>	Annual screening (including CT) for adults ages 55 to 80 who have a 30-pack a year smoking history and currently smoke or quit smoking within the past 15 years	
<b>Medical history</b>	During physical exam	
<b>Obesity screening and counseling</b>	All adults during physical exam	
<b>Sexually transmitted infection (STI) counseling and screening</b>	Annual screening and counseling for chlamydia, gonorrhea and syphilis for adults who are at high risk.	
<b>Tobacco-use counseling</b>	At each visit. Includes cessation counseling and interventions. Expanded counseling for pregnant women.	
<b>Tuberculosis (TB) testing</b>	At your doctor's discretion if you're at high risk	

# Women’s health



## Care that’s recommended for women

You can keep track of the services you’ve had by completing the “Date received” column. See the “Adult health” section on page 6 for more care that’s recommended for all adults.

### Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION	DATE RECEIVED
<b>BRCA risk assessment and genetic counseling/testing</b>	Risk assessments for women with a family history of breast, ovarian, tubal or peritoneal cancer. Women who test positive should receive genetic counseling and, if indicated after counseling, BRCA testing.	
<b>Breast cancer counseling</b>	At your doctor’s discretion for women at high risk of breast cancer.	
<b>Breast cancer screening (mammogram)</b>	Once every year for women ages 40 and older. Begins at age 30 for those at high risk, such as a family history of breast cancer. Includes 3D mammograms.	
<b>Contraceptive counseling and contraception methods</b>	FDA–approved contraceptive methods, sterilization procedures, education and counseling.	
<b>Domestic violence and intimate partner violence screening and counseling</b>	Annually	
<b>HIV counseling and screening</b>	Adults up to age 65. Screen older adults if at high risk.	
<b>Osteoporosis</b>	Women 65 and older. Younger women who are at high risk.	
<b>Pap and HPV test (cervical cancer screening)</b>	Pap test once every 3 years for women 21 – 61 years old or a Pap test with an HPV test every 5 years for women ages 30 – 65.	
<b>Sexually transmitted infection (STI) prevention counseling and screening</b>	Annual screening and counseling for chlamydia, gonorrhea and syphilis for women who are at high risk.	
<b>Well–woman visits (physical exams)</b>	1 visit every 1 – 3 years	



## Contraceptives Prescription required for OTC. To submit include prescription, receipt, and claim form.

TYPE	METHOD	BENEFIT LEVEL
Hormonal	<ul style="list-style-type: none"> <li>• Oral contraceptives</li> <li>• Injectable contraceptives</li> <li>• Patch</li> <li>• Ring</li> </ul>	Generic contraceptive method for women are covered at 100% (free). Your deductible and/or prescription coinsurance applies for brand-name contraceptives when there is a generic available.
Barrier	<ul style="list-style-type: none"> <li>• Diaphragms</li> <li>• Female Condoms</li> <li>• Contraceptive sponge</li> <li>• Cervical cap</li> <li>• Spermicide</li> </ul>	
Implantable	<ul style="list-style-type: none"> <li>• IUDs</li> <li>• IUD with Progestin</li> <li>• Implantable rod</li> </ul>	Preferred options are covered at 100% (free). For pharmacy coverage, please refer to the PBM formulary.
Emergency	<ul style="list-style-type: none"> <li>• Ella®</li> <li>• Next Choice®</li> <li>• Next Choice® One Dose</li> <li>• My Way™</li> </ul>	Covered at 100%
Permanent	Tubal ligation	Covered at 100% for outpatient facilities. If received during an inpatient stay, only the services related to the tubal ligation are covered in full. Reversal procedures after permanent contraception are not covered per plan guidelines.

# Pregnant women



## Pregnant women

If you're pregnant, plan to become pregnant or recently had a baby, we recommend the preventive care that's listed here. You can keep track of the services you've had by completing the "Date received" column.

## Doctor visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION	DATE RECEIVED
<b>Bacteriuria screening with urine culture</b>	Between 12 – 16 weeks gestation or during first prenatal visit if later	
<b>Breastfeeding support, supplies and counseling</b>	Lactation support and counseling to pregnant and postpartum women, including costs for rental of breastfeeding equipment	

## Doctor visits and tests (cont.)

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION	DATE RECEIVED
<b>Gestational diabetes screening</b>	Women 24 – 28 weeks pregnant and those identified as high risk for gestational diabetes	
<b>Hematocrit or hemoglobin screening</b>	During the first prenatal visit	
<b>Hepatitis B screening</b>	During the first prenatal visit	
<b>HIV screening</b>	All pregnant women during each pregnancy	
<b>Iron–deficient anemia screening</b>	On a routine basis	
<b>Rh incompatibility screening</b>	On first visit and follow–up testing for women at high risk	
<b>Sexually transmitted infection (STI) screening</b>	Screening and counseling for chlamydia, syphilis, and gonorrhea	

## Immunizations

VACCINE	BEFORE PREGNANCY	DURING PREGNANCY	AFTER PREGNANCY	DATE RECEIVED
<b>Chickenpox</b> (varicella)	Yes; avoid getting pregnant for 4 weeks	No	Yes, immediately postpartum	
<b>COVID-19</b>	Yes	Yes	Yes	
<b>Hepatitis A</b>	Yes, if at risk	Yes, if at risk	Yes, if at risk	
<b>Hepatitis B</b>	Yes, if at risk	Yes, if at risk	Yes, if at risk	
<b>HPV</b> (human papillomavirus)	Yes, if between ages 9 and 26 *	No	Yes, if between ages 9 and 26 *	
<b>Flu nasal spray</b>	Yes, if less than 50 years of age and healthy. Avoid getting pregnant for 4 weeks.	No	Yes, if less than 50 years of age and healthy. Avoid getting pregnant for 4 weeks.	
<b>Flu shot</b>	Yes	Yes	Yes	
<b>Measles, mumps, rubella</b> (MMR)	Yes; avoid getting pregnant for 4 weeks	No	No	
<b>Meningococcal</b>	If indicated	If indicated	If indicated	
<b>Pneumococcal</b>	If indicated	If indicated	If indicated	
<b>Tetanus</b>	Yes (Tdap preferred)	If indicated	Yes (Tdap preferred)	
<b>Tetanus, diphtheria, whooping cough</b> (1 dose only)	Yes	Yes	Yes	

\* Some women ages 27 to 45 may benefit, discuss with your doctor.





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