2024 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.

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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.



Questions about preventive care?

Find more information at 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 <u>osuhealthplan.com/health-plan-tools/forms-policies</u>.

Completed by an in–network doctor or preferred pharmacy. Go to <u>osuhealthplan.com</u> and use our Find a Doctor tool to find in-network doctors.

Done for preventive purposes.

	REASON FOR SERVICE	WHAT YOU'LL PAY
Preventive care	To prevent health problems. You don't have symptoms.	You won't pay anything.
Diagnostic care	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.

Examples of preventive and diagnostic services

SERVICE	IT'S PREVENTIVE (FREE) WHEN	IT'S DIAGNOSTIC WHEN
COLON CANCER SCREENING	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.
COMPLETE BLOOD COUNT (CBC)	Never preventive.	Always diagnostic. Studies show there's no need for this test unless you have symptoms.
DIABETES SCREENING	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.
ELECTRO- CARDIOGRAPHY (ECG)	Never preventive.	Always diagnostic. National guidelines say there's no need for this test unless you have symptoms.
METABOLIC PANELS	Never preventive.	Always diagnostic. Studies show that a metabolic panel isn't the best test for detecting or preventing illnesses.
OSTEOPOROSIS SCREENING	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.

Examples of preventive and diagnostic services (continued)

SERVICE	IT'S PREVENTIVE (FREE) WHEN	IT'S DIAGNOSTIC WHEN
PROSTATE SPECIFIC ANTIGEN (PSA)	Never preventive.	Always diagnostic. National guidelines have changed recently because this test gives many false results.
URINALYSIS	Persons who are pregnant are screened with a urine culture for asymptomatic bacteriuria.	Always diagnostic for persons who are not pregnant. 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 <u>osuhealthplan.com/health-plan-tools/forms-policies</u> for additional copies.

Physical exams (well-child visits)

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

Immunizations

VACCINE	RECOMMENDATION	DATE RECEIVED
Chickenpox (Varicella)	1 dose between 12 – 15 months old. Second dose between 4 – 6 years old. For kids 13 and older with no history of the vaccination or disease, 2 doses 4 – 8 weeks apart.	
COVID-19	For the current CDC recommendations regarding COVID-19 vaccination, please visit <u>cdc.gov/coronavirus/2019-ncov/vaccines</u> .	
Dengue	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u> <u>specific/dengue.html</u> for current recommendations.	
Diphtheria, Tetanus, Whooping	1 dose of DTaP at 2, 4, 6, 15 - 18 months, and 4 - 6 years old (5 doses).1 dose of Tdap between 11 and 12 years with a Td or Tdap booster every	
Cough (Pertussis)	10 years after.	
Flu (Influenza)	2 doses 4 weeks apart for healthy children between 6 months and 8 years the first time they get the vaccine. Children who have previously received the flu shot can receive 1 dose annually, preferably by the end of October.	



Immunizations (continued)

VACCINE	RECOMMENDATION	DATE
		RECEIVED
Haemophilus	1 dose at 2, 4 and 6 months (depending on vaccine) and one booster dose	
Influenza Type B	between 12 – 18 months old.	
(HIB)		
Hepatitis A	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.	
Hepatitis 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.	
HPV (Human	2 to 3 doses over a 24–week period starting at age 11 for boys and girls. Your	
Papillomavirus)	doctor may give the vaccine as early as age 9 if your child is at high risk.	
Japanese	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
Encephalitis	specific/je.html for current recommendations.	
Measles, Mumps,	1 dose between 12 –15 months and a second between 4 – 6 years. Can be given to	
Rubella (MMR)	older children if no history of vaccination or the disease.	
Meningitis	1 dose of the MenACWY vaccine between 11 – 12 years, with a booster dose at	
(Meningococcal)	16 years. Teens and young adults (16 through 23 years) also may get a MenB	
	vaccine. Doctors may give vaccine as early as age 2 if your child is at high	
	risk.	
Pneumonia	1 dose at 2, 4, 6, and 12 - 15 months and to older children who need it.	
(Pneumococcal)		
Polio	1 dose at 2 and 4 months and between 16 – 18 months. Then, 1 dose between 4	
	– 6 years old for a total of 4 doses.	
Rotavirus	1 dose at 2 and 4 months, then a third dose at 6 months depending on vaccine.	
	All doses should be given before 8 months.	
Respiratory	Recommended for for infants under 8 months old born during or entering	
Syncytial Virus (RSV)	their first RSV season and for infants and children aged 8–19 months who are	
	at increased risk of severe RSV disease entering their second RSV season.	
Typhoid	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
	specific/typhoid.html for current recommendations.	

Immunizations (continued)

VACCINE	RECOMMENDATION	DATE RECEIVED
Yellow Fever	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u> <u>specific/yf.html</u> for current recommendations.	

Doctor visits and tests

Recommendations for other preventive services vary based on age and risk factors. Many recommended screenings are performed during the child's annual physical examination.

SERVICE	RECOMMENDATION	DATE
Alcohol, Tobacco, and	Screening, brief intervention, and referral to treatment is recommended as	RECEIVED
Drug Use Screening	part of routine visits in pediatric primary care.	
and Counseling		
Anemia Screening	Screening for anemia is recommended between the ages of 9 – 12 months.	
Anxiety Screening	Screening for anxiety is recommended in children and adolescents aged 8 to 18	
	years. This is usually performed as part of the annual physical exam.	
Autism Screening	Screening tests should be administered during the child's 18- and 24-month	
	well-child visits.	
Behavioral Screening	Developmental and behavioral screening should be performed during the 9-,	
	18-, and 30-month well-child visits.	
Bilirubin Screening	Total serum bilirubin should be measured between 24 and 48 hours after birth	
	or before discharge from the hospital.	
Blood Pressure	Screening for high blood pressure should be performed annually beginning at	
Screening	age 3 years. This is usually performed as part of the annual physical exam.	
	High-risk patients should be screened at each visit.	
Cholesterol Screening	Cholesterol screening should be performed between the ages of 9 and 11 years	
	of age and again between 17 and 21 years of age.	
Dental Caries	Primary care providers should prescribe oral fluoride supplementation starting	
Prevention	at age 6 months for children whose water supply is deficient in fluoride.	
	Fluoride varnish should be applied to the primary teeth of all infants and	
	children starting at the age of primary tooth eruption. This may be performed	
	by the primary care provider or through the child's dental benefit.	
Depression Screening	Screening for depression should be performed in adolescents aged 12 to 18	
	years. This is usually performed as part of the annual physical exam.	
Hepatitis B Infection	Screening for hepatitis B virus (HBV) infection should be performed in	
Screening	adolescents at increased risk for infection.	

Doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE RECEIVED
HIV Infection	Adolescents over the age of 15 should be screened for HIV infection. Younger	NECEIVED
Screening	adolescents who are at increased risk of infection should also be screened.	
HIV Pre-exposure	Clinicians should prescribe preexposure prophylaxis using effective	
Prophylaxis	antiretroviral therapy to adolescents who are at increased risk of HIV	
	acquisition to decrease the risk of acquiring HIV.	
Hypothyroidism	Newborn screening for congenital hypothyroidism should be performed	
Screening	between 48 to 72 hours of life and before hospital discharge.	
Obesity Screening and	Children and adolescents 6 years and older should be screened for obesity. If	
Counseling	appropriate, providers should offer or refer to comprehensive, intensive	
	behavioral interventions to promote improvements in weight status.	
Oral Health Risk	All children should receive an oral health risk assessment at the 6- and 9-	
Assessment	month well-child visits. If a dental home has not been established, risk	
	assessment should continue at the 12-, 18-, 24-, 30-month, and the 3- and 6-year	
	visits.	
PKU	Screening for phenylketonuria (PKU) should occur in newborns older than 24	
(Phenylketonuria)	hours and younger than 7 days.	
Sexually Transmitted	All sexually active persons should be screened for chlamydia, gonorrhea, and	
Infection (STI)	syphilis. Providers should also provide behavioral counseling for all	
Screening and	adolescents at increased risk for STIs.	
Counseling		
Sickle Cell Anemia	Screening for sickle cell disease should be performed before 2 months of age.	
and Trait Screening		
(Hemoglobinopathies)		
Skin Cancer	Providers should counsel adolescents, children, and parents of young children	
Counseling	about minimizing exposure to ultraviolet (UV) radiation for persons aged 6	
	months to 24 years with fair skin types to reduce their risk of skin cancer. This	
	is usually performed as part of the annual physical exam.	
Tuberculosis Infection	Screening for latent tuberculosis infection (LTBI) should be performed in	
Screening	populations at increased risk.	
Vision Screening	Vision screening should be performed at least once in all children aged 3 to 5	
	years to detect amblyopia or its risk factors. This is usually performed as part	
	of the annual physical exam.	

Adult Health



Care for adults ages 18 and over

You can keep track of services by completing the "Date received" column. Visit <u>osuhealthplan.com/health-plan-tools/forms-policies</u> for additional copies.

Physical exams

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

Immunizations

VACCINES	RECOMMENDATION	DATE RECEIVED
Anthrax	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u> <u>specific/anthrax.html</u> for current recommendations.	
Cholera	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u> <u>specific/cholera.html</u> for current recommendations.	
Chickenpox (Varicella)	2 doses 4 weeks apart for those with no history of the vaccination or disease	
COVID-19	For the current CDC recommendations regarding COVID-19 vaccination, please visit <u>cdc.gov/coronavirus/2019-ncov/vaccines</u> .	
Flu (Influenza)	1 dose every year	
Haemophilus Influenza Type B (HIB)	1 or 3 doses depending on indication may be administered for adults with an additional risk factor per ACIP guidelines (<u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html</u>).	
Hepatitis A	2, 3, or 5 doses depending on vaccine for adults with an additional risk factor or indication (<u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html</u>).	

Immunizations (continued)

VACCINES	RECOMMENDATION	DATE
		RECEIVED
Hepatitis B	2, 3, or 4 doses depending on vaccine or condition for adults who meet age	
	requirement, lack of documentation of vaccination, or lack evidence of	
	immunity (<u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
	specific/hepb.html).	
HPV (Human	3 doses over a 24-week period up to age 26. Some individuals up to age 45 may	
Papillomavirus)	benefit, discuss with your doctor.	
Japanese	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
Encephalitis	specific/je.html for current recommendations.	
Measles, Mumps,	1 - 2 doses if no history of the vaccination or disease.	
Rubella (MMR)		
Meningitis	1 dose for ages 19 – 23 if no history of vaccination. Can be given to those at high-risk.	
(Meningococcal)		
Orthopoxviruses	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
(Smallpox,	specific/smallpox.html for current recommendations.	
Monkeypox)		
Pneumonia	1 dose for those 65 and older. Those at high risk or with a history of asthma or	
(Pneumococcal)	smoking may receive between ages 19 and 64.	
Rabies	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
	specific/rabies.html for current recommendations.	
Respiratory	1 dose for those 60 and older	
Syncytial Virus		
(RSV)		
Shingles (Herpes	Adults aged 50 and older	
Zoster)		
Tetanus, Diphtheria	1 dose if no history of pertussis vaccine regardless of interval since last tetanus	
and Whooping	vaccine, followed by tetanus every 10 years. This vaccine is recommended especially	
Cough (Pertussis)	if you have contact with children under age 1.	
Typhoid	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
	specific/typhoid.html for current recommendations.	
Yellow Fever	Refer to ACIP guidelines at <u>https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-</u>	
	specific/yf.html for current recommendations.	

Doctor visits and tests

Recommendations for other preventive services vary based on age and risk factors. Many recommended screenings are performed during the annual physical examination.

SERVICE	RECOMMENDATION	DATE RECEIVED
Abdominal Aortic Aneurysm (AAA) Screening	Once for men ages 65 – 75 with a history of smoking	
Advance Care Planning	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.	
Alcohol Misuse Screening and Counseling	At physical exam	
Anxiety Screening	At physical exam	
Blood Pressure Screening	At physical exam	
Cardiovascular Disease (CVD) Counseling	At physical exam	
Cholesterol Screening	A test (total cholesterol, LDL, HDL, and triglyceride) once every 5 years or at your doctor's discretion	
Colon Cancer Screening	 For those ages 45 - 75, one of the following screenings: Colonoscopy every 10 years CT colonography every 10 years Flexible sigmoidoscopy every 5 years Fecal occult blood test yearly Fecal DNA testing every 3 years 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. 	

Doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE	
		RECEIVED	
Depression Screening	At physical exam		
Diabetes Screening	At your doctor's discretion		
Diet Counseling	At your doctor's discretion if you're at high risk for heart and diet related		
	chronic diseases		
Hearing Screening	Once between the ages of 18 – 21. Usually performed during physical exam.		
Hepatitis B Screening	Adults at increased risk for infection		
Hepatitis C Screening	Adults aged 18 – 79 years		
HIV Screening	All adults up to age 65. Screen older adults if at high risk.		
HIV Pre-exposure	Clinicians should prescribe preexposure prophylaxis using effective		
Prophylaxis	antiretroviral therapy to adults who are at increased risk of HIV acquisition		
	to decrease the risk of acquiring HIV.		
Lung Cancer Screening	Annual screening (including CT) for adults ages 50 to 80 who have a 20-		
	pack-a-year smoking history and currently smoke or have quit smoking		
	within the past 15 years.		
Obesity screening and	All adults during physical exam		
counseling			
Preventive counseling	Counseling for the following may be performed at your doctor's discretion		
	during physical exam:		
	• Family and intimate partner violence		
	Breast self-exam		
	• Menopause		
	• Safety		
	Falls and injury prevention		
Sexually Transmitted	All sexually active persons should be screened for chlamydia, gonorrhea,		
Infection (STI)	and syphilis. Providers should also provide behavioral counseling for all		
Screening and	adults at increased risk for STIs.		
Counseling			
Skin Cancer	Young adults should be counseled about minimizing exposure to ultraviolet		
Counseling	(UV) radiation for persons aged 6 months to 24 years with fair skin types to		
	reduce their risk of skin cancer.		

Doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE
		RECEIVED
Tobacco Use Screening	Providers should ask all adults about tobacco use, advise them to stop using	
and Interventions	tobacco, and provide behavioral interventions and US FDA-approved	
	pharmacotherapy for cessation to nonpregnant adults.	
Tuberculosis Infection	Screening for latent tuberculosis infection (LTBI) should be performed in	
Screening	populations at increased 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 9 for care that's recommended for all adults.

Doctor visits and tests

SERVICE	RECOMMENDATION	DATE RECEIVED
BRCA Risk	Women with a personal or family history of breast, ovarian, tubal, or	
Assessment and	peritoneal cancer or an ancestry associated with breast cancer	
Genetic	susceptibility 1 and 2 (BRCA1/2) gene mutations should be assessed with	
Counseling/Testing	an appropriate brief familial risk assessment tool. Women with a positive	
	result on the risk assessment tool should receive genetic counseling and,	
	if indicated after counseling, genetic testing.	
Breast Cancer	At your doctor's discretion for women at high risk of breast cancer.	
Counseling		
Breast Cancer	Once every year at your doctor's discretion. Includes 3D mammograms	
Screening	and supplemental screenings (ultrasound and MRI).	
(Mammogram)		
Contraceptive	FDA-approved contraceptive methods, sterilization procedures,	
Counseling and	education and counseling.	
Contraception		
Methods		
Osteoporosis Screening	Women 65 and older. Younger women at high risk.	
(Bone Density)		
PAP and HPV test	Pap test once every 3 years for women 21 – 61 years old or a Pap test with an	
(Cervical Cancer	HPV test every 5 years for women ages 30 – 65.	
Screening)		
Urine Incontinence	At physical exam	
Screening		

Contraceptives

Prescription required for over the counter (OTC) products. To submit for reimbursement, include the prescription, receipt, and claim form. The claim form is available online at <u>https://hr.osu.edu/wp-content/uploads/form-rx-reimbursement.pdf</u>.

TYPE	METHOD	BENEFIT LEVEL
Hormonal	• Oral contraceptives	Generic contraceptive method for
	• Injectable contraceptives	women are covered at 100% (free).
	• Patch	Your deductible and/or prescription
	• Ring	coinsurance applies for brand–name
		contraceptives when there is a generic
		available.
Barrier	• Diaphragms	
	• Female Condoms	
	• Contraceptive sponge	
	• Cervical cap	
	• Spermicide	
Implantable	• IUDs	Preferred options are covered at 100% (free).
	• IUD with Progestin	For pharmacy coverage, please refer to the
	• Implantable rod	PBM formulary.
Emergency	• Ella®	Covered at 100%
	• Next Choice®	
	• Next Choice® One Dose	
	• My Way™	
Permanent	Tubal ligation	Covered at 100% with a network
		provider. 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

Care for 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. See the "Adult health" section on page 9 for care that's recommended for all adults and the "Women's health" section on page 14 for care that's recommended for all women.

Immunizations

VACCINE	BEFORE	DURING	AFTER PREGNANCY	DATE RECEIVED
	PREGNANCY	PREGNANCY		
Chickenpox	Yes; avoid getting	No	Yes, immediately	
(Varicella)	pregnant for 4 weeks		postpartum	
COVID-19	Yes	Yes	Yes	
Hepatitis A	Yes, if at risk	Yes, if at risk	Yes, if at risk	
Hepatitis B	Yes, if at risk	Yes, if at risk	Yes, if at risk	
HPV (Human	Yes, ages 9-26 (up to	No	Yes, ages 9-26 (up to	
Papillomavirus)	45 if recommended)		45 if recommended)	
Flu Nasal Spray	Yes, if less than 50	No	Yes, if less than 50	
	years of age and		years of age and	
	healthy. Avoid getting		healthy. Avoid getting	
	pregnant for 4 weeks.		pregnant for 4 weeks.	
Flu Shot	Yes	Yes	Yes	
Measles, Mumps,	Yes; avoid getting	No	No	
Rubella (MMR)	pregnant for 4 weeks			
Meningococcal	If indicated	If indicated	If indicated	
Pneumococcal	If indicated	If indicated	If indicated	
Tetanus	Yes (Tdap preferred)	If indicated	Yes (Tdap preferred)	
Tetanus, Diphtheria,	Yes	Yes	Yes	
Whooping Cough				
(1 dose only)				
Respiratory Syncytial	No	Yes, between 32 – 36	No	
Virus (RSV)		weeks' gestation using		
		seasonal		
		administration		

Doctor visits and tests

SERVICE	RECOMMENDATION	DATE RECEIVED
Anemia Screening	On a routine basis	
Breastfeeding Support, Supplies and Counseling	Lactation support and counseling to pregnant and postpartum women, including costs for rental of breastfeeding equipment.	
Folic Acid	Recommended for any person who is pregnant, planning a pregnancy, or may become pregnant.	
Gestational Diabetes Screening	Women 24 – 28 weeks pregnant and those identified as high risk for gestational diabetes.	
Hematocrit or Hemoglobin Screening	During the first prenatal visit	
Rh Incompatibility Screening	On first visit and follow–up testing for women at high risk	
Urine Culture	Between 12 – 16 weeks gestation or during first prenatal visit if later.	

