



2026 Preventive Health Care Guidelines

Free preventive care to help you be your healthiest.

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 [OSU Health Plan Tools – Forms and Policies](#).

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What are preventive care services?

It is 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, Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, ACOG, American Academy of Pediatrics, American Academy of Family Physicians, 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 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 [OSU Health Plan Tools – Forms and Policies](#).
- ✓ Completed by an in-network doctor or preferred pharmacy. Go to [OSU Health Plan](#) 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 do not have symptoms.	You will not pay anything.
Diagnostic care	You have a symptom, or you are 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 has 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 are 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 are 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 are having a health problem, like bleeding or irregularity.
COMPLETE BLOOD COUNT (CBC)	Never preventive.	Always diagnostic. Studies show there is 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 do not have symptoms.	You are diagnosed with diabetes, and your doctor checks your A1c.

ELECTRO-CARDIOGRAPHY (ECG)	Never preventive.	Always diagnostic. National guidelines say there is no need for this test unless you have symptoms.
METABOLIC PANELS	Never preventive.	Always diagnostic. Studies show that a metabolic panel is not 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 have had a health problem, or your doctor wants to determine the success of a treatment.
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 is 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 [OSU Health Plan Tools – Forms and Policies](#) 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	

Children's 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 the CDC .	
Dengue	Refer to ACIP guidelines for current recommendations.	
Diphtheria, Tetanus, Whooping Cough (Pertussis)	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 10 years after.	

Children's immunizations (continued)

VACCINE	RECOMMENDATION	DATE RECEIVED
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.	
Haemophilus Influenza Type B (HIB)	1 dose at 2, 4 and 6 months (depending on vaccine) and one booster dose between 12 – 18 months old.	
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 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.	
Japanese Encephalitis	Refer to ACIP guidelines for current recommendations.	
Measles, Mumps, Rubella (MMR)	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.	
Meningitis (Meningococcal)	1 dose of the MenACWY vaccine between 11 – 12 years, with a booster dose at 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 (Pneumococcal)	1 dose at 2, 4, 6, and 12 - 15 months and to older children who need it.	
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 Syncytial Virus (RSV)	Recommended for infants under 8 months old born during or entering their first RSV season and for infants and children aged 8–19 months who are at increased risk of	Respiratory Syncytial Virus (RSV)

Children's immunizations (continued)

VACCINE	RECOMMENDATION	DATE RECEIVED
Typhoid	Refer to ACIP guidelines for current recommendations.	
Yellow Fever	Refer to ACIP guidelines for current recommendations.	

Children's 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 RECEIVED
Alcohol, Tobacco, and Drug Use Screening and Counseling	Screening, brief intervention, and referral to treatment is recommended as part of routine visits in pediatric primary care.	
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	Screening for high blood pressure should be performed annually beginning at 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 Prevention	Primary care providers should prescribe oral fluoride supplementation starting 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.	

Children's doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE
		RECEIVED
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	Screening for hepatitis B virus (HBV) infection should be performed in adolescents at increased risk for infection.	
HIV Infection Screening	Adolescents over the age of 15 should be screened for HIV infection. Younger adolescents who are at increased risk of infection should also be screened.	
HIV Pre-exposure Prophylaxis	Clinicians should prescribe preexposure prophylaxis using effective antiretroviral therapy to adolescents who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.	
Hypothyroidism Screening	Newborn screening for congenital hypothyroidism should be performed between 48 to 72 hours of life and before hospital discharge.	
Obesity Screening and Counseling	Children and adolescents 6 years and older should be screened for obesity. If appropriate, providers should offer or refer to comprehensive, intensive behavioral interventions to promote improvements in weight status.	
Oral Health Risk Assessment	All children should receive an oral health risk assessment at the 6- and 9-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 (Phenylketonuria)	Screening for phenylketonuria (PKU) should occur in newborns older than 24 hours and younger than 7 days.	
Sexually Transmitted Infection (STI) Screening and Counseling	All sexually active persons should be screened for chlamydia, gonorrhea, and syphilis. Providers should also provide behavioral counseling for all adolescents at increased risk for STIs.	
Sickle Cell Anemia and Trait Screening (Hemoglobinopathies)	Screening for sickle cell disease should be performed before 2 months of age.	
Skin Cancer Counseling	Providers should counsel adolescents, children, and parents of young children 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.	

Children’s doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE
		RECEIVED
Tuberculosis Infection Screening	Screening for latent tuberculosis infection (LTBI) should be performed in 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 [OSU Health Plan Tools – Forms and Policies](#) for additional copies.

Adult 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	

Adult immunizations

VACCINES	RECOMMENDATION	DATE RECEIVED
Anthrax	Refer to ACIP guidelines for current recommendations.	
Cholera	Refer to ACIP guidelines 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 the CDC .	
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 .	
Hepatitis A	2, 3, or 5 doses depending on vaccine for adults with an additional risk factor or indication (ACIP guideline).	

Adult 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 (ACIP guideline).	
HPV (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.	
Japanese Encephalitis	Refer to ACIP guidelines for current recommendations.	
Measles, Mumps, Rubella (MMR)	1 - 2 doses if no history of the vaccination or disease.	
Meningitis (Meningococcal)	1 dose for ages 19 – 23 if no history of vaccination. Can be given to those at high-risk.	
Orthopoxviruses (Smallpox, Monkeypox)	Refer to ACIP guidelines for current recommendations.	
Pneumonia (Pneumococcal)	1 dose for those 50 and older. Those at high risk or with a history of asthma or smoking may receive between ages 19 and 49.	
Rabies	Refer to ACIP guidelines for current recommendations.	
Respiratory Syncytial Virus (RSV)	1 dose for those 60 and older	
Shingles (Herpes Zoster)	Adults aged 50 and older	
Tetanus, Diphtheria and Whooping Cough (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.	
Typhoid	Refer to ACIP guidelines for current recommendations.	
Yellow Fever	Refer to ACIP guidelines for current recommendations.	

Adult 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	<p>For those ages 45 – 75, one of the following screenings:</p> <ul style="list-style-type: none"> • 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 <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>	
Depression Screening	At physical exam	

Adult doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE RECEIVED
Diabetes Screening	At your doctor's discretion	
Diet Counseling	At your doctor's discretion if you are 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 Prophylaxis	Clinicians should prescribe preexposure prophylaxis using effective 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 smoking or have quit smoking within the past 15 years.	
Obesity screening and counseling	All adults during physical exam	
Preventive counseling	<p>Counseling for the following may be performed at your doctor's discretion during physical exam:</p> <ul style="list-style-type: none"> • Family and intimate partner violence • Breast self-exam • Menopause • Safety <p>Falls and injury prevention</p>	

Adult doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE RECEIVED
Sexually Transmitted Infection (STI) Screening and Counseling	All sexually active persons should be screened for chlamydia, gonorrhea, and syphilis. Providers should also provide behavioral counseling for all adults at increased risk for STIs.	
Skin Cancer Counseling	Young adults should be counseled 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.	
Tobacco Use Screening and Interventions	Providers should ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US FDA-approved pharmacotherapy for cessation to nonpregnant adults.	
Tuberculosis Infection Screening	Screening for latent tuberculosis infection (LTBI) should be performed in populations at increased risk.	



Women’s health

Care that has recommended for women

You can keep track of the services you have had by completing the “Date received” column. See the “Adult health” section on page 9 for care that is recommended for all adults.

Women’s doctor visits and tests

SERVICE	RECOMMENDATION	DATE RECEIVED
BRCA Risk Assessment and Genetic Counseling/Testing	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations should be assessed with 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 and Cervical Cancer Screening- Patient Navigational Services	The Women’s Preventive Services Initiative recommends individualized, person-to-person patient navigation services (in-person, virtual, or hybrid) to increase breast and cervical cancer screening and follow-up based on assessed patient needs. These services may include care planning, help navigating the health system, referrals to support services, and patient education.	
Breast Cancer Counseling	At your doctor’s discretion for women at high risk of breast cancer.	
Breast Cancer Screening (Mammogram)	Once every year at your doctor’s discretion. Includes 3D mammograms and supplemental screenings (ultrasound, MRI, and pathology).	
Contraceptive Counseling and Contraception Methods	FDA–approved contraceptive methods, sterilization procedures, education, and counseling.	

Women's doctor visits and tests (continued)

SERVICE	RECOMMENDATION	DATE RECEIVED
Osteoporosis Screening (Bone Density)	Women 65 and older. Younger women at high risk.	
PAP and HPV test (Cervical Cancer Screening)	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.	
Urine Incontinence Screening	At physical exam	

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 <https://hr.osu.edu/wp-content/uploads/form-rx-reimbursement.pdf>

TYPE	METHOD	BENEFIT LEVEL
Hormonal	<ul style="list-style-type: none"> • Oral contraceptives • Injectable contraceptives • Patch • Ring 	Generic contraceptive methods 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"> • Diaphragms • Female Condoms • Contraceptive sponge • Cervical cap • Spermicide 	
Implantable	<ul style="list-style-type: none"> • IUDs • IUD with Progestin • Implantable rod 	Preferred options are covered at 100% (free). For pharmacy coverage, please refer to the PBM formulary.
Emergency	<ul style="list-style-type: none"> • Ella® • Next Choice® • Next Choice® One Dose • My Way™ 	Covered at 100%

Contraceptives (continued)

TYPE	METHOD	BENEFIT LEVEL
Permanent	<ul style="list-style-type: none">• 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.
Software Application	<ul style="list-style-type: none">• Natural Cycles	Refer to <u>OSU Health Plan Tools – Forms and Policies</u> for a claim reimbursement form.



Pregnant women

Care for pregnant women

If you're pregnant, plan to become pregnant or have 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 is recommended for all adults and the "Women's health" section on page 14 for care that is recommended for all women.

Pregnant women's immunizations

VACCINE	BEFORE PREGNANCY	DURING PREGNANCY	AFTER PREGNANCY	DATE RECEIVED
Chickenpox (Varicella)	Yes, avoid getting pregnant for 4 weeks	No	Yes, immediately 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 Papillomavirus)	Yes, ages 9-26 (up to 45 if recommended)	No	Yes, ages 9-26 (up to 45 if recommended)	
Flu Nasal Spray	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.	
Flu Shot	Yes	Yes	Yes	
Measles, Mumps, Rubella (MMR)	Yes, avoid getting pregnant for 4 weeks	No	No	
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, Whooping Cough (1 dose only)	Yes	Yes	Yes	

Pregnant women's immunizations (continued)

VACCINE	BEFORE PREGNANCY	DURING PREGNANCY	AFTER PREGNANCY	DATE RECEIVED
Respiratory Syncytial Virus (RSV)	No	Yes, between 32 – 36 week's gestation using seasonal administration	No	

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 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.	



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