**Covered Preventive Services for Adults**

**Abdominal aortic aneurysm screening:** men

**Alcohol misuse:** screening and counseling

**Aspirin use:** adults aged 50–59 with risk of cardiovascular disease

**Blood pressure screening**

**Cholesterol screening for adults of certain ages**

**Colorectal cancer screening and generic and over-the-counter prep medications:** adults age 50–75

**Consultation for screening colonoscopy**

**Depression screening**

**Diabetes screening:** adults with high blood pressure

**Falls prevention:** adults 65 years or older—Vitamin D and exercise or physical therapy

**Healthy Diet Counseling**

**Hepatitis B screening**

**Hepatitis C virus infection screening:** adults born between 1945 and 1965

**HIV pre-exposure prophylaxis (PrEP)**

**HIV screening**

**Immunization vaccines:**
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

**Lung Cancer Screening:** adults ages 55-80 with history of smoking

**Statin medications:** adults ages 40–75 with no history of cardiovascular disease who have one or more risk factors and calculated 10-year risk

**STI counseling**

**Syphilis screening**

**Tobacco use counseling, generic and over-the-counter medications, and cessation interventions**

**Tuberculosis screening**

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1 An office visit copayment may be charged to health plan members for some services.

2 Select medications only are covered at no cost to the member. Please contact Member Services or Pharmacy Services at the number on the back of your member ID card for more information.
Covered Preventive Services for Women, Including Pregnant Women

Anemia screening: pregnant women
Bacteriuria screening
BRCA risk assessment and genetic counseling/screening
Breast cancer chemoprevention counseling
*Breast cancer preventive medication
Breast cancer screening: women over age 40
Breast feeding support and counseling
Cervical cancer screening
Chlamydia infection screening
Contraception: All Food and Drug Administration-approved contraceptive methods and intrauterine devices (IUD); sterilization procedures including tubal ligations and Essure; and patient education and counseling; not including abort/facient drugs. Generic oral contraceptives are eligible for 100% coverage. Please visit optimahealth.com to determine member cost share for brand name oral contraceptives.

Decision making/sharing by clinicians with women at increased risk for breast cancer
Depression screening
Folic acid supplementation
Gestational diabetes screening: women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea screening
Hepatitis B screening at first prenatal visit
HIV screening: pregnant women
HPV Test
Intimate partner violence screening and counseling
Lactation support and counseling
Osteoporosis screening: postmenopausal women younger than 65 at increased risk, and women over 65 or at high risk
Perinatal depression counseling and interventions
Preeclampsia screening and prevention
Rh incompatibility screening: first pregnancy visit and between 24 and 28 weeks gestation
Syphilis screening
Well-woman visits
Tobacco counseling and intervention

* Select medications only are covered at no cost to the member. Please contact Member Services or Pharmacy Services at the number on the back of your member ID card for more information.
Covered Preventive Services for Children

**Alcohol and drug use assessments**

**Autism screening:** children at age 18 and 24 months

**Behavioral assessments**

**Blood pressure screening**

**Cervical dysplasia screening:** sexually active females

**Congenital hypothyroidism screening:** newborns

**Dental cavities prevention:** infants and children up to age five years

**Depression screening:** adolescents

**Developmental screening:** children under age three, and surveillance throughout childhood

**Dyslipidemia screening:** children at high risk of lipid disorders

**Fluoride chemoprevention supplements for children without fluoride in their water source**

**Gonorrhea prophylactic medication:** newborns

**Hearing loss screening:** newborns

**Height, weight, and body mass index measurements**

**Hematocrit or Hemoglobin screening**

**Hemoglobinopathies screening:** newborns

**Hepatitis B screening:** non–pregnant adolescents and adults

**HIV screening**

**Immunization vaccines:**

Diphtheria, Tetanus, Pertussis

Haemophilus influenzae type b

Hepatitis A

Hepatitis B

Human Papillomavirus

Inactivated Polioivirus

Influenza

Measles, Mumps, Rubella

Meningococcal

Pneumococcal

Rotavirus

Varicella

**Iron supplementation**

**Lead screening for children at risk of exposure**

**Medical history**

**Obesity screening:** children and adolescents

**Oral fluoride supplementation starting at age six months for children whose water supply is fluoride deficient**

**Oral health risk assessment**

**Phenylketonuria (PKU) screening:** newborns

**Skin cancer behavioral counseling:** children, adolescents and young adults age 10 to 24 years old

**STI prevention counseling and screening for adolescents at high risk**

**Tobacco use interventions:** children and adolescents

**Tuberculin testing for children at higher risk of tuberculosis**

**Visual acuity screening**