

PREVENTIVE SERVICES IN CALIFORNIA

Current as of July 16, 2024

What are preventive services?



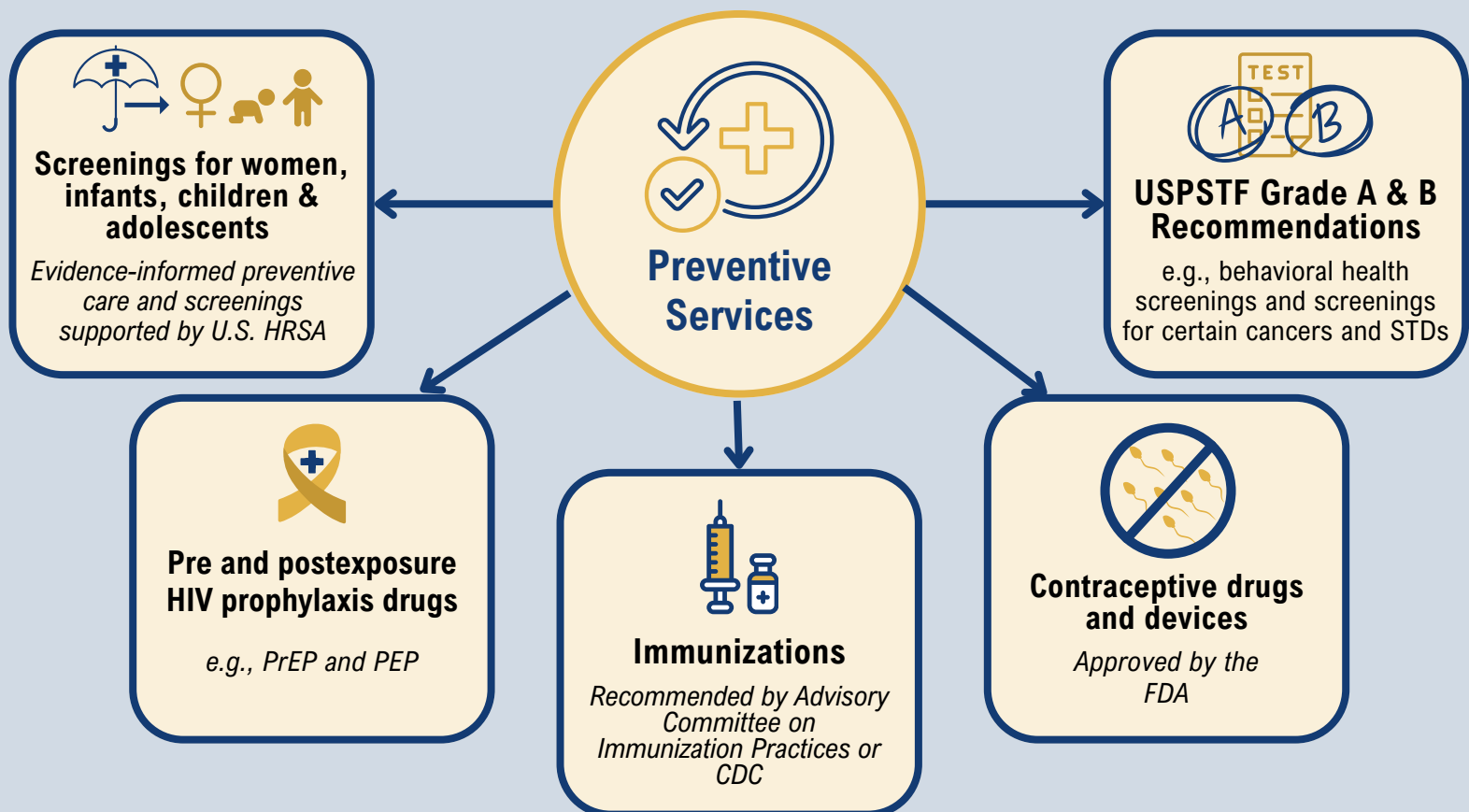
Routine health care services, including screenings, check-ups, and patient counseling, that help prevent illnesses, disease, or other health problems.

California law states that when a recommendation is made for items and services that fall into one of the preventive services categories (see below), coverage for the benefit must go into effect within the next 12 months.

Who has coverage for them?

Coverage for preventive services is **required** for Californians in **state-regulated** health plans and policies, i.e., those regulated by the Department of Managed Health Care and the California Department of Insurance.

These services must be provided at **no cost** to the enrollee, i.e., without cost sharing. However, they are only free when **delivered** by a provider **in the enrollee's plan network**.



Centers for Prevention and Disease Control (**CDC**); Food and Drug Administration (**FDA**); Health Resources and Services Administration (**HRSA**); Human Immunodeficiency Virus (**HIV**); Sexually Transmitted Disease (**STD**); United States Preventive Services Task Force (**USPSTF**).

Looking for more details? Check out these other CHBRP publications:

- [Federal Recommendations and the California and Federal Preventative Services Benefit Mandates](#)
- [What is Cost Sharing in Health Insurance?](#)