

Preventive Screenings Chart

Preventive screenings can save your life.

Preventive health screenings check for illness or disease before you have signs or feel sick. By getting the screenings you need, your doctor is more likely to find diseases earlier when they are

easier to treat. It's important to talk to your doctor about screenings even if you feel fine.

Please note, this chart lists covered screenings. It is not a recommendation for how often to have a screening. Please talk to your doctor about what screenings are right for you.

Screening	Description	Coverage	Copay (HMO)	Copay (PPO in network)	Copay (PPO out of network)
Physical exam	A checkup given by your doctor to help you stay healthy and identify any health issues before they become serious.	Once every calendar year.	\$0 ¹	\$0 ¹	40% coinsurance
Wellness Visit	A checkup given by your doctor to review your health status, lifestyle, daily activities, nutrition, and any stress you may have.	Once every calendar year.	\$0 ¹	\$0 ¹	40% coinsurance
Cancer Screenings					
Breast cancer	A breast exam and mammogram (type of X-ray) to check for signs of breast cancer.	One mammogram every 12 months—clinical breast exam once every 24 months.	\$0	\$0	40% coinsurance
Cervical cancer	Pap test and pelvic exam to check for cervical, vaginal, and ovarian cancers.	Once every 24 months, or every 12 months if at high risk.	\$0	\$0	40% coinsurance
Colorectal cancer	Tests to find colorectal cancer early and determine, based on risk, what treatment may work best.	Colonoscopy screening once every 24 months if at high risk, once every 10 years if not at high risk.	\$0	\$0	40% coinsurance
Prostate cancer	Prostate screening by digital rectal exam and Prostate Specific Antigen (PSA) test.	Once every 12 months.	\$0	\$0	40% coinsurance

Screening	Description	Coverage	Copay (HMO)	Copay (PPO in network)	Copay (PPO out of network)
Immunizations					
Flu shot	A shot to help prevent the flu (you need a flu shot for the current virus each year).	Once per flu season (fall or winter).	\$0	\$0	\$0
Hepatitis B	A shot to prevent Hepatitis B.	As medically necessary.	\$0	\$0	\$0
Pneumonia	A shot to prevent pneumonia.	As medically necessary.	\$0	\$0	\$0
COVID-19	A shot to prevent COVID-19.	As medically necessary per CDC guidelines.	\$0	\$0	\$0
Sensory Screenings					
Glaucoma	Test to find glaucoma, a condition that causes gradual loss of sight without warning and often without symptoms.	Once every calendar year if you are at high risk for glaucoma.	\$0	\$0	\$65 per visit
Routine hearing exam	Test to determine hearing ability.	Once every calendar year.	\$0	\$0	\$65 per visit
Routine vision exam	Test to determine sight.	Once every calendar year.	\$15	\$0	\$65 per visit
Other Screenings					
Abdominal aortic aneurysms	Ultrasound exam.	Once per lifetime if at risk.	\$0	\$0	40% coinsurance
Cardiovascular disease testing	Blood tests for the detection of cardiovascular disease.	Once every 5 years.	\$0	\$0	40% coinsurance
Depression	Test to determine risk of depression.	Once every calendar year.	\$0	\$0	40% coinsurance
Diabetes	Blood tests to see if you are at risk for diabetes.	Based on test results, up to 2 screenings every 12 months.	\$0	\$0	40% coinsurance
HIV	Test to check for HIV.	Once every 12 months.	\$0	\$0	40% coinsurance
Osteoporosis	Bone mass measurement tests (such as a DEXA scan) to see if you are at risk for broken bones.	If at risk, once every 24 months or more often if medically necessary.	\$0	\$0	40% coinsurance
STIs	Test to check for sexually transmitted infections (STIs).	Once every 12 months, or more often if medically necessary.	\$0	\$0	40% coinsurance

¹A copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.

Benefit information may be different if you receive your benefits from a current or former employer. For complete benefit details, see your Evidence of Coverage (EOC) booklet at thmp.org/documents. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711). Y0065_2023_192_C