

**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 what your plan covers. It is not a recommendation for how often to have a screening. Please talk to your doctor about what screenings are right for you.

## Annual Physical

---

	<b>Explanation</b>	<b>Your coverage</b>	<b>Copay</b>
<b>Physical exam</b>	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

## Cancer Screenings

---

	<b>Explanation</b>	<b>Your coverage</b>	<b>Copay</b>
<b>Breast cancer</b>	A breast exam and mammogram (type of X-ray) to check for signs of breast cancer.	One mammogram every 12 months for ages 40 and older—clinical breast exam once every 24 months.	Copay applies

<b>Cervical cancer</b>	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
------------------------	---	---	-----

<b>Col-orectal cancer</b>	Tests to find colorectal cancer early and determine, based on risk, what treatment may work best.	Guaiac-based fecal occult blood test (gFOBT) once every 12 months. Fecal immunochemical test (FIT) once every 12 months. Colonoscopy screening once every 24 months if at high risk—once every 10 years if not at high risk (but not within 48 months of sigmoidoscopy). Sigmoidoscopy once every 48 months. DNA-based colorectal screening every 3 years.	\$0
---------------------------	---	--	-----

<b>Prostate cancer</b>	Prostate screening by digital rectal exam and Prostate Specific Antigen (PSA) test.	Once every 12 months for age 50 and older.	\$0
------------------------	---	--	-----

## Immunizations

---

	<b>Explanation</b>	<b>Your coverage</b>	<b>Copay</b>
<b>Flu shot</b>	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
<b>Pneumonia</b>	A shot to prevent pneumonia.	As medically necessary.	\$0

## Sensory Screenings

---

	<b>Explanation</b>	<b>Your coverage</b>	<b>Copay</b>
<b>Hearing test</b>	Test to determine hearing ability.	Once a year.	Copay applies.
<b>Vision test</b>	Test to determine sight.	Once a year.	Copay applies.
<b>Eye exam</b>	Test to find glaucoma, a condition that causes gradual loss of sight without warning and often without symptoms.	Once a year if you are at high risk for glaucoma.	\$0

## Other Screenings

---

	<b>Explanation</b>	<b>Your coverage</b>	<b>Copay</b>
<b>Cholesterol</b>	Blood tests to check your cholesterol level.	As medically necessary.	\$0
<b>Diabetes</b>	Blood tests to see if you are at risk for diabetes.	Based on test results, up to 2 screenings every 12 months.	\$0
<b>Osteoporosis</b>	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
<b>Depression</b>	Test to determine risk of depression.	Once a year.	\$0

**"Other Screenings" continues on next page.**

## Other Screenings (cont.)

---

	<b>Explanation</b>	<b>Your coverage</b>	<b>Copay</b>
<b>Abdominal aortic aneurysms</b>	Ultrasound exam.	Once per lifetime.	\$0
<b>Sexually Transmitted Infections (STIs)</b>	Test to check for STIs.	Once every 12 months (or more often if medically necessary).	\$0
<b>HIV</b>	Test to check for HIV.	Once every 12 months.	\$0

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/co-insurance may change on January 1 of each year may change on January 1 of each year.

Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.