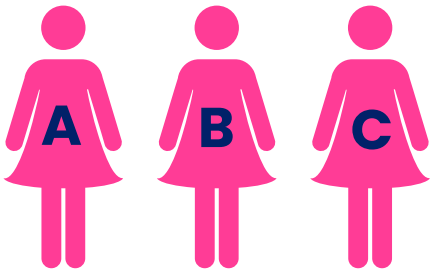
Variations in Out-of-Pocket Costs for Breast Cancer Screening

Understanding Screening Needs & Costs

Patients A, B, and C all work at the same organization, share the same health insurance plan, and prioritize their breast health by utilizing preventive care benefits. Despite their shared circumstances, they face significant differences in out-of-pocket costs for follow-up breast cancer screenings.



Patient A undergoes an annual preventive screening mammogram, which yields a normal result. Patient A incurs no out-of-pocket expenses, as this service is fully covered under the insurance plan's preventive care benefits. Their physician advises routine screening again next year.

Patient B also completes an annual screening mammogram. However, an abnormal finding necessitates a follow-up diagnostic screening, such as diagnostic mammography, breast ultrasound, or breast MRI. Patient B is required to pay out-of-pocket for this medically necessary screening and is forced to delay the procedure due to the high cost, increasing the risk that a potential breast cancer diagnosis could be made at a later, more advanced stage, when treatment is less effective and significantly more expensive.

Patient C is identified as high-risk for breast cancer based on National Comprehensive Cancer Network (NCCN) Guidelines. Their annual screening requires advanced imaging, such as a breast MRI or ultrasound, instead of a standard mammogram. However, these advanced screenings are not fully covered as part of the plan's preventive care benefits, leaving Patient C responsible for significant out-of-pocket costs. The results of their screening are normal, but they may delay screening next year because of the cost they incurred.