



NEW PREVENTIVE BENEFITS FOR MEDICARE BENEFICIARIES TO BEGIN ON JANUARY 1, 2005

Starting January 1, 2005, Medicare will provide additional coverage for preventive benefits under Part B. In order to have Medicare pay for the services, Medicare beneficiaries must meet the criteria described below.

- **One-Time Initial (“Welcome to Medicare”) physical exam:** Medicare will cover an initial physical exam performed within six months of a beneficiary enrolling in Part B. Coverage for the physical does not cover lab tests. The beneficiary must pay a 20% co-payment after meeting the \$110 Part B deductible for 2005.

NOTE: Because this provision is effective January 1, 2005 and is not applied retroactively, Medicare will only pay for one physical exam for beneficiaries who initially enroll in Part B after the effective date.

- **Cardiovascular screening blood tests:** Medicare will cover cardiovascular screening blood tests for total cholesterol, high density lipids, and triglycerides. Payment will be limited to once every five years. According to the Centers for Medicare & Medicaid Services (CMS), the five-year screening frequency limitation accords with the recommendation of the U.S. Preventive Services Task Force. The beneficiary will not have to pay a deductible or co-payment for these tests.
- **Diabetes screening tests:** Medicare will cover a fasting plasma glucose test and post glucose challenges up to twice per year for individuals at high risk for diabetes. High risk individuals include those with high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. The beneficiary will not have to pay a deductible or co-payment for these tests.

REMINDER: The Part B deductible increases from \$100 to \$110 starting January 1, 2005. The deductible amount will continue to increase each year.