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MEDICARE PREVENTIVE HEALTH BENEFITS

Se habla español

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MEDICARE PREVENTIVE BENEFITS

As a result of the Affordable Care Act, Medicare coverage is available for more preventive health services, **usually at no cost to the beneficiary**. (Medicare Advantage plans may sometimes charge co-payments not allowed in traditional Medicare.) This brochure describes some of the preventive benefits that are covered by Medicare. The services listed in this brochure are covered for those who have Medicare Part B.

“WELCOME TO MEDICARE PHYSICAL” FOR NEW ENROLLEES

- One time only
- **Must be performed within the first 12 months of enrollment in Part B**
- Does not cover related lab work

ANNUAL WELLNESS VISIT

As part of Health Care Reform, Medicare now covers an Annual Wellness Visit. **This is not a physical exam**. It is an opportunity to meet with one’s doctor to discuss health concerns and plan for the year ahead.

VACCINES

- Influenza vaccines
- Pneumococcal vaccines
- Hepatitis B vaccine for those at medium to high risk of hepatitis B.

Note: These vaccines are covered under Part B if administered by a recognized provider. Medicare pays 100% if the provider accepts assignment and the Part B deductible is waived.

Other vaccines, such as Herpes Zoster, may be covered by Part D. Contact the individual’s Part D plan for information.

Beneficiaries should take full advantage of these important health care benefits for prevention and early detection of disease.

DIABETES SCREENING AND SUPPLIES

Medicare beneficiaries with certain risk factors for diabetes or who are diagnosed with pre-diabetes are covered for screenings. Screenings are covered annually for those previously tested, but not diagnosed with pre-diabetes, or if never tested. Two screening tests per year are covered for those diagnosed with pre-diabetes.

Medicare will provide coverage for home blood glucose monitors, testing strips and lancets *for all diabetics* without regard to a person's use of insulin. Medicare Part D may provide coverage for insulin and syringes under the prescription drug benefit.

DIABETES SELF-MANAGEMENT TRAINING

Medicare may cover up to 10 hours of initial outpatient diabetes self-management training to teach someone how to manage their diabetes. The training is covered for people at risk for complications from diabetes who have a written order from their doctor.

You may also qualify for up to 2 hours of follow up training each year.

MEDICAL NUTRITION THERAPY

Under Medicare Part B Medical nutrition therapy services are covered for patients with diabetes or kidney disease, for people who have had a kidney transplant in the last 36 months, or whose doctor or other health care provider refers them for the service. In the first year, Medicare will cover 3 hours of one-on-one counseling services and 2 hours each year after that.

CARDIOVASCULAR DISEASE SCREENING

Under Medicare Part B, Cardiovascular disease screening including tests for cholesterol, lipid, and triglyceride levels is covered once every 5 years.

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HIV SCREENING

HIV (Human Immunodeficiency Virus) screening is covered once every 12 months and up to 3 times during a pregnancy for those who are at increased risk for the virus, who ask for the test or who are pregnant.

OBESITY SCREENING AND COUNSELING

Medicare covers counseling to help lose weight for those with obesity which is defined as a body mass index (BMI) of 30 or more. If the individual qualifies, Medicare may cover up to 22 sessions per year.

ABDOMINAL AORTIC ANEURYSM

Part B covers abdominal aortic aneurysm ultrasound screening for people at risk.

SEXUALLY TRANSMITTED INFECTIONS (STI)

Medicare Part B covers sexually transmitted infection screening for Chlamydia, Gonorrhea, Syphilis and or Hepatitis B once every 12 months or at certain times during pregnancy.

Medicare also covers up to 2 individual 20-30 minutes face to face counseling each year for at risk of individuals at risk for STI.

Questions to ask prior to receiving these benefits:

- Does my doctor accept Medicare assignment?
- Is the preventive service covered by Medicare?
- What are my out of pocket costs?
- Where will I receive the service?
- Will I receive other care during my visit that I will be charged for?

**2016 MEDICARE DEDUCTIBLE
CO-INSURANCE & PREMIUM AMOUNTS**

PART A:

Hospital

Deductible: \$1,288

Co-insurance:

Days 1-60: \$0

Days 61-90: \$322/Day

Days 91-150: \$644/Day

Skilled Nursing Facility

Co-insurance:

Days 1-20: \$0

Days 21-100: \$161.00

Home Health

No co-insurance or deductible

Part A Premium (For voluntary enrollees *only*)

\$226/Month

(If individual has 30-39 quarters of
Social Security coverage)

\$411/Month

(If individual has 29 or fewer quarters of
Social Security Coverage)

PART B: Deductible: \$166/Year

Standard Premium: \$104.90/Month

If individual income < \$85,000/Year

If individual income \$85,000 - \$107,000: \$170.50/Mo.

\$107,000 - \$160,000: \$243.60/Mo.

\$160,000 - \$214,000: \$316.70/Mo.

\$214,000 or more: \$389.80/Mo.

CENTER FOR MEDICARE ADVOCACY, INC.

The Center for Medicare Advocacy, founded in 1986, is a national non-profit law organization that works to ensure fair access to Medicare and quality health care. The Center is based in Connecticut and Washington, DC, with offices around the country.

Based on our work with real people, the Center advocates for policies and systemic change that will benefit all those in need of health care coverage and services

Staffed by attorneys, legal assistants, nurses, and information management experts, the organization represents thousands of individuals in appeals of Medicare denials. The work of the Center also includes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State health insurance program (SHIP).

Only through advocacy and education can older people and people with disabilities be assured that Medicare and health care are provided fairly:

- We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

The Center for Medicare Advocacy is the most experienced organization for Medicare beneficiaries and their families.

Visit our website:
www.MedicareAdvocacy.org