

Medicare Preventive Services

You've heard it before: You can stay healthy, live longer, and delay or forestall many diseases by:

- ✓ Eating well—Variety is the key; choose an assortment of fruits, vegetables, proteins (meat, beans or fish), and grains and limit the amount of saturated fat you eat.
- ✓ Exercising—Talk with your doctor about the right exercise program for you.
- ✓ Maintaining a healthy weight—Try to balance the number of calories you eat with the number you burn by exercising and keep your portion sizes moderate.
- ✓ Not smoking.

Another important way to stay healthy is to use preventive services provided by physicians and other health care providers. Listed below are ten of Medicare's preventive services and screenings:

1. One-time "Welcome to Medicare" Physical Exam

Coverage: Includes medical history; blood pressure check; an EKG (electrocardiogram); measurement of height and weight; counseling; and referral for other preventive services, if needed.

Eligibility: All Part B Medicare beneficiaries effective January 2005 and later.

Frequency: One time only, during first 6 months of Part B eligibility.

What you pay: You pay 20% of the Medicare-approved amount after the yearly Part B deductible (\$124 in 2006, \$131 in 2007).

2. Cardiovascular Screening

Coverage: Includes blood tests to screen cholesterol, lipid, and triglyceride levels.

Eligibility: All people with Medicare beginning January 1, 2005.

Frequency: Once every 5 years.

What you pay: Nothing—the Part B deductible and co-insurance do not apply.

3. Diabetes Screening

Coverage: For all people with Medicare, Medicare covers screenings to check for diabetes. For people with diabetes, Medicare covers self-management training, medical nutrition and therapeutic foot care.

Eligibility: All people with Medicare who are at risk for diabetes beginning January 1, 2005.

Frequency: For people at risk (hypertension, dyslipidemia, obesity or over 65 plus family history), once every 12 months. Twice a year if you have been diagnosed with pre-diabetes (elevated blood glucose level). A foot exam is

covered every 6 months for people with diabetic peripheral neuropathy, if they have not seen a foot care professional for another reason between visits.

What you pay: For diabetes glucose monitors, test strips, lancets, and self-management training: 20% of Part B covered services after you have met your yearly Part B deductible. You pay nothing for the diabetes screening (fasting plasma glucose test).

Note: Syringes and insulin are covered by drug benefit (Part D), unless used with an infusion pump (Part B). Co-pays for Medicare Part D vary by plan.

4. Breast Cancer Screening Mammograms

Coverage: Medicare covers screening mammograms and digital technologies for screening mammograms to check for breast cancer.

Eligibility: All women with Medicare age 40 and older. Medicare also pays for one baseline mammogram for women with Medicare between age 35 and 39.

Frequency: Once every 12 months.

What you pay: You pay 20% of the Medicare-approved amount—no Part B deductible.

5. Cervical and Vaginal Cancer Screening

Coverage: Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers.

Eligibility: All women with Medicare

Frequency: Once every 24 months; if at risk, once every 12 months.

What you pay: Nothing for the Pap test; 20% of the Medicare-approved amount—and no Part B deductible for the exam. If the pelvic exam is done in a hospital outpatient department, you pay a set co-payment.

6. Colorectal Cancer Screening

Coverage: Medicare covers several colorectal cancer screening test. Talk with your doctor about the screening test that is right for you.

Eligibility: All people with Medicare age 50 and older, except there is no minimum age for having a screening colonoscopy.

Frequency: barium enema, not covered if performed with other colon cancer tests but, if at high risk every 24 months; fecal occult blood test (FOBT), once every 12 months; flexible sigmoidoscopy, once every 48 months; colonoscopy, once every 10 years (but not within 48 months of a screening flexible sigmoidoscopy); once every 24 months if at high risk.

What you pay: You pay nothing for the fecal occult blood test. For all other tests, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. If flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department, you pay 25% of the Medicare-approved amount after the yearly Part B deductible.

7. Vaccinations

Coverage: Medicare covers flu, pneumococcal, and Hepatitis B vaccinations.

Eligibility: All people with Medicare for flu and pneumococcal; and people with Medicare at medium to high risk for Hepatitis B (such as hemophilia, End Stage Renal Disease, and any condition that lowers resistance to infection).

Frequency: Flu—once a year in fall or winter; pneumococcal—once in lifetime; and Hepatitis B—a three shot series.

What you pay: You pay nothing for the flu and pneumococcal shots; you pay 20% of the Medicare-approved amount after the yearly Part B deductible for the Hepatitis B shot if shot is given in a doctor's office. If shot is given in a hospital outpatient department, you pay a set co-payment.

8. Prostate Cancer Screening

Coverage: Medicare covers both the Digital Rectal Examination and the Prostate Specific Antigen (PSA) Test.

Eligibility: All men with Medicare age 50 and older (coverage for this test begins the day after your 50th birthday).

Frequency: Either test—once every 12 months

What you pay: You pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. You pay nothing for the PSA test and 20% of the Medicare-approved amounts for other related tests.

9. Bone Mass Measurements

Coverage: Medicare covers bone mass measurements to determine if you are at risk for bone loss.

Eligibility: All people with Medicare who are at risk for osteoporosis.

Frequency: Once every 24 months (more often if medically necessary).

What you pay: You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

10. Glaucoma Tests

Coverage: Your risk for glaucoma increases if you have diabetes, have a family history of glaucoma, are African American and age 50 or older.

Eligibility: People with Medicare at high risk for glaucoma.

Frequency: Once every 12 months.

What you pay: You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Preventive services include an array of exams, lab tests, screenings, shots, monitoring, and dissemination of information to help you take care of your own health. These Medicare preventive services and screenings can help detect health problems early and early detection can increase the success of subsequent treatment that can help you live a longer, healthier life. Make an appointment with your doctor or health care provider soon to discuss Medicare's many preventative services and screenings.

For more information regarding Medicare health insurance issues, contact the Tompkins County Office For the Aging (274-5482) or Lifelong (273-1511) and ask to speak with a HIICAP (Health Insurance Information Counseling and Assistance Program) Counselor.