# My Health. My Medicare.
## Medicare Preventive Benefits 2019

Medicare Part B pays for preventive care to help you stay healthy. Talk to your doctor to see if these benefits are right for you.

<table>
<thead>
<tr>
<th>Benefit Area</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Abdominal Aortic Aneurysm Screening</strong></td>
<td>Medicare covers a one-time abdominal aortic aneurysm ultrasound for people at risk. You are considered a risk if you have a family history of abdominal aortic aneurysms, or you’re a man age 65-75 and have smoked at least 100 cigarettes in your lifetime. You must get a referral from your doctor, doctor assistant, nurse practitioner or clinical nurse specialist for Medicare to cover this screening. <strong>You pay nothing</strong> if your qualified health care provider accepts assignment.</td>
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<td><strong>Alcohol Misuse Screening &amp; Counseling</strong></td>
<td>Medicare covers one alcohol misuse screening per year. People on Medicare whose primary care provider determines they are misusing alcohol, but don’t meet the medical criteria for alcohol dependency, can get up to 4 brief face-to-face counseling sessions per year. <strong>You pay nothing</strong> if the doctor or health care provider accepts assignment.</td>
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| **Bone Mass Measurement**         | This test helps to see if you are at risk for broken bones. Medicare covers this test for those at risk for osteoporosis and meet one of the following conditions:  
  - estrogen deficient and at risk for osteoporosis  
  - x-rays show possible osteoporosis, osteopenia, or vertebral fractures  
  - take prednisone or steroid-type drugs or is planning to begin treatment  
  - been diagnosed with hyperparathyroidism  
  - being monitored to see if osteoporosis drug therapy is working  
  Medicare will cover this test once every 24 months; more often if medically necessary. **You pay nothing** for this test if your doctor accepts assignment. |
| **Breast Cancer Screening**       | A screening mammogram is covered for women age **40 and older** enrolled in Medicare  
  - **once every 12 months** (includes new digital technologies)  
  - Women age **35-39** enrolled in Medicare get one baseline screening mammogram. **You pay nothing** for the test if the doctor accepts assignment. |
<p>| <strong>Cardiovascular Disease (Behavioral Therapy)</strong> | Medicare covers one visit per year with a primary care doctor in a primary care setting to help lower your risk for cardiovascular disease. During this visit your doctor may discuss aspirin use (if appropriate), check your blood pressure and make sure you are eating a healthy diet. <strong>You pay nothing</strong> if your doctor or other qualified provider accepts assignment. |</p>
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<tr>
<th><strong>Cardiovascular Disease Screenings</strong></th>
<th>Medicare covers screening blood tests to check your cholesterol, lipid, lipoprotein, and triglyceride levels every 5 years. You pay <strong>nothing</strong> for these tests.</th>
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| **Cervical & Vaginal Cancer Screening** | Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare also covers a clinical breast exam to check for breast cancer. Medicare covers these screening tests:
- Once every **24 months** for all women
- Once every **12 months** for women at high risk
You pay **nothing** for Pap test or the pelvic and breast exams if the doctor accepts assignment Part B also covers Human Papillomavirus (HPV) tests (when received with a Pap test) once every 5 years if you’re age 30-65 without HPV symptoms. You pay nothing for the Lab HPV with Pap test if your qualified health care provider accepts assignment. |
| **Colorectal Cancer Screening** | For **all** those enrolled in Medicare **age 50 and older**
- **Fecal-Occult blood test** covered annually – No cost for the test. You pay no Part B deductible and copayment for the doctor’s visit. You pay nothing if your doctor accepts assignment.
- **Multi-target stool DNA test** (like Cologuard™) for persons age 50 to 85 who show no signs or symptoms of colorectal disease and are at average risk for developing colorectal cancer. Medicare covers this test **once every 3 years** for people who meet all of the conditions. This test allows doctors to detect the presence of precancerous polyps or colorectal cancer. You pay nothing for this test if your qualified health care provider accepts assignment.
- **Flexible sigmoidoscopy** once every four years or 10 years after a previous screening colonoscopy for those not at high risk. No Part B deductible. You pay nothing if your doctor accepts assignment.
- **Barium enema** can be substituted for sigmoidoscopy or colonoscopy - covered once every four years or every two years if high risk– No Part B deductible. Medicare pays 80% of the approved amount for the doctor’s services, in a hospital outpatient setting you also pay a copayment.
- **Screening Colonoscopy** for any age enrolled in Medicare
  - **Average risk** - Once every ten years, but not within four years after a screening flexible sigmoidoscopy. You pay nothing if your qualified health care provider accepts assignment.
  - **High-risk** - Once every two years, you pay **nothing** if your doctor accepts assignment. |
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<td>Depression Screening</td>
<td>Medicare covers one depression screening per year. The screening must be done in a primary care setting that can provide follow-up treatment and referrals. <strong>You pay nothing</strong> if the doctor or health care provider accepts assignment.</td>
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<tr>
<td>Diabetes Screening</td>
<td>Medicare Part B covers these screening if your doctor determines you’re at risk for diabetes or diagnosed with pre-diabetes. You may be eligible for up to two screenings each year. <strong>You pay nothing</strong> for the test if your doctor or other qualified health care provider accepts assignment.</td>
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<tr>
<td>Diabetes Self-Management Training (DSMT)</td>
<td>Medicare Part B covers outpatient diabetes self-management training (DSMT) if you have diabetes and a written order from their doctor or other health care provider. DSMT teaches you to cope with and manage your diabetes. Medicare may cover up to 10 hours of initial training and 9 hours of group training. You may also qualify for up to 2 hours of follow-up training each year. Medicare pays 80% of the approved amount <strong>after</strong> you meet the yearly Part B deductible.</td>
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<tr>
<td>Flu Vaccination</td>
<td><strong>Annually</strong> (Medicare pays once a flu season, in the winter or fall. You do not have to wait 365 days since your last one.) <strong>You pay nothing</strong> if your doctor or health care provider accepts assignment for giving the shot.</td>
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<tr>
<td>Glaucoma Screening</td>
<td>Covered <strong>once every 12 months</strong> for people at high risk. You are at high risk if you have diabetes, a family history of glaucoma, are African-American and age 50 and older, or are Hispanic-American and age 65 and older. This screening must be done or supervised by an eye doctor who is legally allowed to do this test in your state. Medicare pays 80% of the approved amount <strong>after</strong> you meet the yearly Part B deductible. In hospital outpatient setting you also pay a copayment.</td>
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<tr>
<td>Hepatitis B Shots</td>
<td>Covered for those who are at medium or high risk. <strong>You pay nothing</strong> if your doctor or health care provider accepts assignment.</td>
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<td>Hepatitis C Screening Test</td>
<td>Medicare covers one screening for people who meet at least one of these conditions: at high risk because of current or past history of illicit injection drug use, had a blood transfusion before 1992, those born between 1945 and 1965. Medicare also covers a repeat screening for certain people at high risk. Test must be ordered by a primary care provider. <strong>You pay nothing</strong> if the provider accepts assignment.</td>
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| HIV Screening                  | Medicare covers one HIV (Human Immunodeficiency Virus) screening every 12 months if you meet these conditions:  
  - Age 15-65  
  - Younger than 15 or older than 65 and are at an increased risk for the virus                                                                                                                                                                                                                                                                                                                                                           |
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<tr>
<th><strong>Medicare covers the test once every 12 months or up to 3 times during a pregnancy.</strong> You pay nothing for the test, generally you pay 20% of the Medicare approved amount for the doctor’s visit.</th>
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<td><strong>Lung Cancer Screening</strong></td>
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<td><strong>Medical Nutritional Therapy Services</strong></td>
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<td><strong>Obesity Screening and Counseling</strong></td>
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<tr>
<td><strong>Pneumococcal Pneumonia Vaccination</strong></td>
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| **Prostate Cancer Screenings** | Medicare covers prostate cancer screening tests once every 12 months for men over age 50 (beginning the day after your 50th birthday). Covered screenings include:  
  - **Digital rectal exam** – Medicare pays 80% of the approved amount for a digital rectal exam and for your doctor’s services related to the exam and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital copayment.  
  - **Prostate Specific Antigen (PSA) test** – You pay nothing for the PSA test. |
| **Sexually Transmitted Infection Screening & Counseling** | Medicare covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis and/or Hepatitis B once every 12 months or at certain times during pregnancy. Medicare also covers 2 face-to-face behavioral counseling sessions a year provided at your primary care doctor’s office. These screenings are covered by people with Part B who are pregnant and certain people at increased risk for an STI when the doctor orders the tests. You pay nothing if your doctor accepts assignment. |
Smoking & Tobacco-Use Cessation Counseling

Medicare will cover up to 8 face-to-face visits during a 12-month period. Medicare covers these counseling sessions for people who use tobacco. **You pay nothing** for the counseling sessions if your doctor or health care provider accepts assignment.

Welcome to Medicare Preventive Visit

Medicare covers a one-time preventive visit exam **within the first twelve months that you have Part B**. The visit includes a review of your medical and social history related to your health, education and counseling to help you prevent disease, and referrals for other care if you need it. **You pay nothing** if your doctor accepts assignment. If your doctor or other health care provider performs additional tests or services during the same visit that aren’t covered under this preventive benefit, you may have to pay coinsurance, and the Part B deductible may apply.

Yearly Wellness Visit

If you have had Part B for more than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes:

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options

**You pay nothing** for this exam if your doctor accepts assignment. If your doctor or other health care provider performs additional tests or services during the same visit that aren’t covered under this preventive benefit, you may have to pay coinsurance, and the Part B deductible may apply.

Your Personalized Medicare Manager

**Go to MyMedicare.gov**

- Track Original Medicare claims
- View or get copies of your Medicare Summary Notices
- Check your Part B deductible status
- View your eligibility information
- Track the preventive services you can use

For assistance please call the Senior Health Insurance Information Program or SHIIP at 1-800-351-4664 (TTY 1-800-735-2942 or check the SHIIP website: www.shiip.iowa.gov

This fact sheet lists the costs you pay if you are enrolled in Original Medicare. The amount you pay may be different if you are enrolled in a Medicare Advantage or Cost Plan.

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