MEDICARE PREVENTIVE BENEFITS

Covered Services	Who is Covered	What You Pay
One-Time Welcome to Medicare Preventive Visit and Yearly Wellness Visit One-time "Welcome to Medicare"preventive visit within twelve months of the day your Medicare Part B becomes effective. After you have had Part B for longer than 12 months you can get a "yearly wellness visit" to develop or update a prevention plan based on your current health and risk factors.	All people with Medicare.	You pay nothing for the "Welcome to Medicare" preventive visit or the yearly "Wellness" visit if the doctor accepts assignment. The Part B deductible does not apply; however, if your doctor performs additional tests or services during the same visit that aren't covered under these preventive benefits, you may have to pay coinsurance, and the Part B deductible may apply.
Colorectal Cancer Screening Fecal Occult Blood Test - Once every 12 months. Flexible Sigmoidoscopy - Once every 48 months. Screening Colonoscopy - Once every 10 years, but not within 48 months of a screening sigmoidoscopy if you are not at high risk for colon cancer. Once every 24 months if you are high risk for cancer of the colon. Barium Enema - Once every 48 months (or every 24 months if you are high risk) when used instead of sigmoidoscopy or colonoscopy.	All people with Medicare age 50 and older or at high risk for colorectal cancer, but there is no minimum age for having a screening colonoscopy.	You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy if your doctor accepts assignment. However, if a screening test results in a biopsy or removal of a lesion or growth, the procedure is considered diagnostic and you may have to pay a copayment; however, the Part B deductible does not apply. For barium enemas you pay 20% of the Medicare-approved amount for the doctor's services. The Part B deductible does not apply. If it's done in a hospital outpatient setting, you pay a copayment.
Breast Cancer Screening (Mammogram) Once every 12 months for screening mammogram. Diagnostic mammogram covered when medically necessary.	All women with Medicare age 40 and older. Women can get one baseline mammogram between ages 35 and 39.	Screening Mammogram - You pay nothing for the test if the doctor accepts assignment. Diagnostic Mammogram - You pay 20% of the Medicare-approved amount.
Cervical and Vaginal Cancer Screening Pap test and pelvic exam to check for cervical and vaginal cancers once every 24 months. Once every 12 months if you are at high risk for cervical or vaginal cancer or if you are of childbearing age and have had an abnormal Pap in the past three years.	All women with Medicare.	You pay nothing for the lab Pap test, nothing for the Pap test specimen collection and nothing for the pelvic exam if the doctor accepts assignment.
Prostate Cancer Screening Digital Rectal Exam – Once every 12 months. Prostate Specific Antigen (PSA) test - Once every 12 months.	All men with Medicare over age 50.	Digital Rectal Exam - 20% of the Medicare-approved amount after the annual Part B deductible. In a hospital outpatient setting you pay a copayment. PSA Test - You pay nothing for the test, and the Part B deductible does not apply.

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Cardiovascular Screening Screening blood tests for early detection of cardiovascular (heart) disease. Medicare covers screening tests for cholesterol, lipid and triglyceride levels every 5 years.	All people with Medicare.	You pay nothing for the test, and the Part B deductible does not apply. You pay 20% of the Medicare-approved amount for the doctor's visit.
Diabetes Screening, Supplies and Self-Management Training Coverage for glucose monitors, test strips, lancets and self-management training. Coverage for medical nutrition therapy services for beneficiaries with diabetes or kidney disease, including diagnostic therapy and counseling services furnished by a registered dietitian or nutrition professional. Up to two screening (Fasting Blood Glucose) tests a year for Medicare beneficiaries at risk for getting diabetes.	All people with Medicare who have diabetes (insulin users and non-users). Certain people with Medicare who have diabetes, kidney disease (not on dialysis) or had a kidney transplant within the last 3 years. Your doctor needs to refer you for this service. People with Medicare who are at risk for diabetes.	20% of the Medicare-approved amount after the annual Part B deductible. 20% of the Medicare-approved amount after the annual Part B deductible. You pay nothing if your doctor or health care provider accepts assignment.
Shots (Flu, Pneumococcal, Hepatitis B) Flu Shot - Once a year in the fall or winter. Pneumococcal (Pneumonia) Shot – One shot in a lifetime if your doctor deems necessary. Hepatitis B Shot (one series, three shots) - If you are at medium to high risk for hepatitis.	All people with Medicare.	Flu Shot - You pay nothing, and the Part B deductible does not apply. Pneumoccal and Hepatitis B Shots - You pay nothing if your doctor accepts assignment, and the Part B deductible does not apply.
Glaucoma Screening Once every 12 months. Must be done or supervised by an eye doctor who is legally allowed to do this test in your state.	People at high risk for glaucoma, including people with diabetes or a family history of glaucoma, African Americans age 50 and older, or Hispanic Americans age 65 or older.	20% of the Medicare-approved amount after the annual Part B deductible.
HIV (Human Immunodeficiency Virus) Screening Once every 12 months, or up to 3 times during a pregnancy.	All people with Medicare.	You pay nothing for the test, but you generaly have to pay 20% of the Medicare-approved amount for your doctor's visit.
Bone Mass Measurements Once every 24 months for beneficiaries at risk for osteoporosis (more often if medically necessary).	Certain people with Medicare who are at risk for losing bone mass. Discuss with your doctor.	You pay nothing for this test if your doctor accepts assignment.