Staying Healthy Medicare's Preventive Services



Do you know that Medicare covers many preventive services in order to promote the health and well being of Medicare beneficiaries?

Preventive services like these can find health problems early, when treatment works best.

These services can also help keep you from getting certain diseases or illnesses.

The best way to stay well is to live a healthy lifestyle. You can be healthier and prevent disease by exercising, eating well, keeping a healthy weight and not smoking.

Taking advantage of Medicare's preventive services is just another way of taking good care of your health.

Are You Up-To-Date on Your Preventive Services? Talk with your doctor to develop a personalized wellness plan.

(See Back Page for Quick Reference Chart of Medicare Preventive Services)

Medicare-Covered Preventive Services

Services Medicare Covers with No Deductible or Coinsurance

Care/Screening	Service and Frequency		
Welcome to Medicare Exam	One time within first 12 months on Medicare B		
Annual Wellness Visit	Every 12 months after first year on Medicare B (NOT A FULL PHYSICAL)		
Abdominal Aortic Aneurism	Once, if referred by doctor/practitioner due to risk factors		
Alcohol Misuse Screening	Once a year, if do not have dependence on alcohol		
Bone Mass Measurement	Once every 24 months for people who meet certain criteria		
Cardiovascular (Heart)	Blood test (Cholesterol, Lipids, & Triglycerides) every 5 years		
Disease Screenings	One doctor visit per year (May pay 20% co-insurance for office visit)		
Colon Cancer Screening	Colonoscopy: Every 120 months (or 24 months if high risk) *		
	Fecal Occult Blood Test: Every 12 months if age 50+		
	Flexible Sigmoidoscopy: Every 48 months if 50+		
	(or every 120 months after previous screening if not high risk)		
	Multi-target stool DNA test: Every 3 years if criteria met		
Depression Screening	Once a year, if done in primary care setting		
Diabetes Screening	Up to 2 tests per year if at high risk		
Hepatitis C Screening Test	Covered if meet at-risk criteria		
HIV Screening	Once a year between age 15 - 65 or if at risk		
Lung Cancer Screening	Annual CT scan for those at high risk		
Mammogram	Once a year after age 40		
Nutrition Therapy (Medical)	With referral if certain criteria met (diabetes, kidney disease or transplant)		
Obesity Screening	1:1 Counseling sessions may be covered if BMI > 30		
Pap Test/Pelvic Exam	Every 24 months (12 months if high risk)		
Prostate Cancer Screening	PSA test every 12 months		
Sexually Transmitted Infections	Screening every 12 months for those at increased risk or pregnant		
Smoking Cessation	Up to 8 visits in 12 month period		
Vaccinations	Flu Shot: Once per flu season		
	Hepatitis B Shot: Covered if at high or medium risk		
	Pneumonia Shot: Check with doctor if need 1 or 2 shots. Both Covered		
	Shingles Shot Not Covered by Medicare A or B. Check with Part D plan		

* If **Polyp** is found or removed, you may have to pay 20% of doctor's services and a copay in hospital outpatient setting.

Services Original Medicare Covers with Coinsurances or Deductibles (If you are in an Advantage Plan, check with your plan on costs)

Care/Screening	Service & Frequency	What You Pay
Barium Enema	Every 48 months if 50 or older	Part B ded + 20%
(Colon Cancer Screening)	(or 24 months if high risk)	
Diabetes Self-management training	With doctor's order or referral	Part B ded + 20%
Glaucoma Screening	Annually if high risk	Part B ded + 20%
	(diabetic or family history)	
Prostate Cancer- Digital Exam	Every 12 mo for men 50 +	Part B ded + 20%