

Quick-Reference Chart: Medicare’s Preventive Benefits

Medicare covers over 20 different preventive benefits and now you can help your clients get familiar with them. This chart concisely explains what each benefit is, who’s eligible, how often your clients can use them, and how much if any cost sharing is involved.

The chart is organized by the type of benefit (i.e., periodic visits, screening tests, and preventive services) to better help your clients understand the importance of these benefits, and how often they can take advantage of them.

Note: The **Cost** column refers to those charges to your clients in Original Medicare. This means costs may differ for your clients who are in Medicare Advantage plans. As of January 1, 2012, Medicare Advantage plans cannot charge their members cost-sharing amounts (deductibles, coinsurances, or copayments) for preventive services that are otherwise free in Original Medicare *as long as your clients uses an in-network provider*. See plan’s coverage rules for specific costs of preventive benefits.

For more info on Medicare’s preventive benefits and about the recent changes in cost sharing, see [Medicare Preventive Benefits](#).

Periodic Visits

Name	Frequency	Cost	Notes
“Welcome to Medicare” Exam	One-time, and only during first 12 months after enrolling in Medicare Part B	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment Note: May be charges (i.e., 20% coinsurance, any remaining Part B deductible - \$147 in 2014) if other services (e.g., EKG screening, lab tests) are delivered during same visit	See A Closer Look: Welcome to Medicare Exam
Annual Wellness Visit	Once every 12 months, beginning 12 months after the “Welcome to Medicare” Exam <i>or</i> 12 months after enrolling in Medicare Part B (if person didn’t get	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment Note: May be charges	See A Closer Look: Annual Wellness Visit

Name	Frequency	Cost	Notes
	“Welcome to Medicare” exam)	(i.e., 20% coinsurance, any remaining Part B deductible - \$147 in 2014) if other services delivered during same visit	

Screening Tests (in alpha order)

Name	Frequency & Other Coverage Criteria	Cost	Notes
Abdominal Aortic Aneurysm Screening	Once, if referred due to risk factors during “Welcome to Medicare” Exam	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment AND if received referral for this service during “Welcome to Medicare” Exam	See abdominal aortic aneurysm screening
Alcohol Misuse Screening and Counseling	Screening: Once a year, if do not have dependence on alcohol Counseling: Up to 4 face-to-face counseling sessions with qualified primary doctor or provider	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	See alcohol misuse screening and counseling
Bone Mass Measurement	Every 2 years, if meet risk factors for osteoporosis	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	See bone mass measurement
Breast Cancer Screening (Mammogram)	Generally every 12 months if female and age 40+	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	See breast cancer screening See CMS’s MLN Matters Quick ReferenceChart for more info on coverage of breast cancer screenings.

Name	Frequency & Other Coverage Criteria	Cost	Notes
Cardiovascular Screening (Cholesterol and Lipids Test and Risk Screening)	Blood test: Generally once every 5 years Screening: Once a year, to see if at risk for heart disease	Test and screening are free (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies See cardiovascular screening
Cervical/Vaginal Cancer Screening (Pap Test and Pelvic Exam)	Every 2 years, or every 12 months for women at high risk (including child-bearing age, and cancer or abnormal tests in last 3 years)	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment Note: May be charges (i.e., 20% coinsurance, any remaining Part B deductible - \$147 in 2014) for other care delivered during the visit	See cervical screenings See CMS's MLN Matters Quick Reference Chart for more info on coverage of cervical screenings.
Colon Cancer Screening (includes Fecal Occult Blood Test, Flexible Sigmoidoscopy, Colonoscopy, and as an alternative to a flexible sigmoidoscopy or a colonoscopy, a barium enema)	Age 50+, but no minimum age for colonoscopy or barium enema if person at high risk Coverage depends on test: <ul style="list-style-type: none"> ▪ Fecal blood test: every 12 months ▪ Flexible sigmoidoscopy: If at high risk, every 4 years; if at low risk, every 10 years, <i>but</i> not within 10 years of colonoscopy ▪ Colonoscopy: If at high risk, every 2 years without regard to age; if at low risk, every 10 years, <i>but</i> not within 4 years of sigmoidoscopy 	For fecal blood test, flexible sigmoidoscopy, and colonoscopy, no cost (no deductible, no coinsurance) as long as provider accepts assignment	IMPORTANT NOTE: If during the colonoscopy, the doctor finds and removes a polyp, costs (e.g., coinsurance) will apply, since the screening service becomes diagnostic and treatment-focused. However, no deductible will apply. QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies See colon screening See CMS's MLN Matters Quick Reference Chart

Name	Frequency & Other Coverage Criteria	Cost	Notes
	<ul style="list-style-type: none"> Barium enema screening: If high risk, every 2 years without regard to age; if at low risk and age 50+, every 4 years 	For barium enema, no Part B deductible; however pay 20% coinsurance unless screening is done in a Critical Access Hospital (CAH) , then no deductible, no coinsurance.	for more info on coverage of the various colon screenings.
Depression Screening	Once a year, as long as done in a primary care setting	No cost (no 20% coinsurance or Part B deductible) as long as provider accepts assignment	See depression screening
Diabetes Screening	Up to 2 tests a year if at high risk (i.e., history of high blood pressure, high cholesterol, high blood sugar)	No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	See diabetes screening
EKG Screening	Once, upon referral at the “Welcome to Medicare” Exam	Test is free (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies See EKG screening
Glaucoma Test	Once a year if at high risk (i.e., family history of glaucoma, have diabetes, are African American & age 50+, or are Hispanic and 65+)	Yes – both 20% coinsurance and any remaining Part B deductible (\$147 in 2014)	QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies See glaucoma test
HIV Screening	Once a year, or every 3 months for pregnant women	Test is free (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment	See HIV screening

Name	Frequency & Other Coverage Criteria	Cost	Notes
Obesity Screening and Counseling	<p>Screening: Once a year</p> <p>Counseling: If screen positive (BMI \geq30), covered up to 12 months of sessions including:</p> <ul style="list-style-type: none"> ▪ one face-to-face counseling session each week for the first month, ▪ one face-to-face counseling session every other week for months 2-6, AND ▪ one face-to-face counseling session every month for months 7-12, if you continue to meet the weight loss goals established with your doctor. 	<p>No cost (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment</p> <p>Note: Screening and counseling benefits will be free for members in Medicare Advantage plans starting in 2013 as long as they follow coverage rules of plan.</p>	<p>See obesity screening and counseling</p>
Prostate Cancer Screening (PSA Blood Test and Digital Rectal Exam)	<p>Men age 50+</p> <p>Coverage depends on test:</p> <ul style="list-style-type: none"> ▪ Prostate Specific Antigen (PSA) Blood Test: once every 12 months ▪ Digital Rectal Exam: once every 12 months 	<p>PSA test is free (no 20% coinsurance, no Part B deductible) as long as provider accepts assignment</p> <p>For rectal exam, yes - pay both 20% coinsurance and any remaining Part B deductible (\$147 in 2014)</p>	<p>QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies</p> <p>See prostate screening See CMS's MLN Matters Quick Reference Chart for more info on coverage of prostate cancer screenings.</p>
Sexually Transmitted Infections – Screening and	<p>Screenings for chlamydia, gonorrhea, syphilis and/or Hepatitis B once every 12 months or at</p>	<p>Screening test and counseling sessions are free (no 20% coinsurance, no Part B</p>	<p>See sexually transmitted infections (STI) screening and counseling</p>

Name	Frequency & Other Coverage Criteria	Cost	Notes
Counseling	certain times during pregnancy People who are pregnant or at risk for an STI and get order by provider are eligible for test and for up to 2 behavioral counseling sessions each year	deductible) as long as provider accepts assignment Note: Counseling sessions only covered if provided by PCP and takes place in PCP's office or clinic	

Preventive Services

Name	Frequency & Other Coverage Criteria	Cost	Notes
Diabetes Self-Management (Training on how to monitor blood sugar, eat right, exercise, administer insulin if taking)	Diagnosed with diabetes, with written order from provider	Yes – pay both 20% coinsurance and any remaining Part B deductible (\$147 in 2014)	QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies See diabetes training
Diabetes Supplies (blood sugar test strips, testing monitors, lancets and test solutions) NOTE: Insulin and oral anti-diabetic meds are covered by Part D	Diagnosed with diabetes	Yes – pay both 20% coinsurance and any remaining Part B deductible (\$147 in 2014)	QMB or Medigap will cover the 20% coinsurance, as do most retiree health insurance policies See diabetes supplies
Flu Shot	Annually in late-fall-winter	Shot is free (no coinsurance, no Part B deductible)	See flu shot
Hepatitis B shot (3 shots to protect)	Medium to high risk (i.e., people with hemophilia, ESRD, or lower resistance to infection)	Shot is free (no coinsurance, no Part B deductible)	See hepatitis shot
Medical Nutrition	Those diagnosed with:	No cost (no 20%)	See medical nutrition

Name	Frequency & Other Coverage Criteria	Cost	Notes
Therapy (MNT) Note: Must get referral from doctor and services must be provided by a registered dietician or nutrition professional	<ul style="list-style-type: none"> ▪ Diabetes, or ▪ Renal disease, or ▪ Who received a kidney transplant in last 3 years. <p>Generally therapy includes nutritional assessment and:</p> <ul style="list-style-type: none"> ▪ Up to 3 hours counseling during first year, and ▪ Up to 2 hours during subsequent years. 	coinsurance, no Part B deductible) as long as provider accepts assignment	therapy
Pneumococcal Shot	Generally once if your lifetime	Shot is free (no coinsurance, no Part B deductible)	See pneumococcal shot
Smoking Cessation Counseling (Up to 8 face-to-face visits with a qualified professional)	Anyone who wants to quit smoking	Counseling is free (no coinsurance, no Part B deductible)	See smoking cessation counseling

References

See the October 30, 2013 *Federal Register*, Volume 78, [pages 64943-64951](#) for Part B cost-sharing amounts in 2014, including the Part B annual deductible amount.

See the National Medicare Training Program (NMTP), Centers for Medicare & Medicaid Services (CMS), [Medicare’s Preventive Benefits power point training](#) (January 2012).

See the Centers for Medicare & Medicaid Services (CMS), Medicare Learning Network (MLN) Matters, SE1129 revised (December 6, 2011), “Beneficiary Cost-Sharing for Medicare-Covered Preventive Services under the Affordable Care Act” at: <https://www.cms.gov/MLNMattersArticles/Downloads/SE1129.pdf>

See the Centers for Medicare & Medicaid Services (CMS), Pub No. 10110 (May 2011), “Your Guide to Medicare’s Preventive Services” available at: <http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf>

See the Centers for Medicare & Medicaid Services (CMS), Medicare Learning Network (MLN) Matters, SE0752 revised (February 24, 2011), “Medicare Provides Coverage for Many Preventive Services and Screenings” at:

<http://www.cms.gov/MLNMattersArticles/downloads/SE0752.pdf>

See the Centers for Medicare & Medicaid Services (CMS), Medicare Learning Network (MLN) Matters (Feb 2011), “Quick Reference Information: Preventive Services” chart available at:

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf