

EUTF Retiree: Medicare Prevention & Wellness Benefits

Do you know about these Medicare benefits?

Under the Affordable Care Act (the health care reform law), Medicare now pays for an annual wellness visit, which includes the creation of a personalized prevention plan and detection of possible cognitive impairment. This new benefit began on January 1, 2011.

“Welcome to Medicare” preventive visit

- During the first 12 months that you have Part B, you can get a “Welcome to Medicare” preventive visit.
- This visit includes a review of your medical and social history related to your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed.
- When you make your appointment, let your doctor’s office know that you would like to schedule your “Welcome to Medicare” preventive visit.
- You pay **nothing** for the “Welcome to Medicare” preventive visit if the doctor or other qualified health care provider 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’ve had Part B for longer than 12 months, you can get a yearly “Wellness” visit to develop or update a personalized plan to prevent disease or disability based on your current health and risk factors. This visit is covered once every 12 months.
- Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. The questions are based on years of medical research and advice from the Centers for Disease Control and Prevention.
- When you make your appointment, let your doctor’s office know that you would like to schedule your yearly “Wellness” visit.
- **Note:** Your first yearly “Wellness” visit can’t take place within 12 months of your enrollment in Part B or your “Welcome to Medicare” preventive visit. However, you don’t need to have had a “Welcome to Medicare” preventive visit to qualify for a yearly “Wellness” visit.
- You pay **nothing** for the yearly “Wellness” visit if the doctor or other qualified health care provider 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.