

Get Screened: Take charge of your health. Take charge of your life.

These tests relate to heart disease, stroke, diabetes, cancer and injuries. Act on information from these tests to keep healthy now and later. If you have questions about these tests, talk with your health care provider.

To confirm coverage, check your current Medicare & You book (www.medicare.gov/pubs/pdf/10050.pdf). Talk with your provider about which screenings are right for you.

BE SURE to say that you want a [Welcome-to-Medicare Visit](#) or [Annual Wellness Visit](#) when you call to make the appointment and when you see your provider. If you start with one of these preventive care visits, however, the visit becomes a physical exam if any health concern is diagnosed or treated and may incur a charge.

To identify risk	Get this service and talk about its results with your provider	How often*	Covered by Medicare Part B
Tobacco use	Provider recommendations for quitting	Every health care visit	In Welcome-to-Medicare and Annual Wellness visits. Up to 8 face-to-face visits for cessation counseling are covered each year. (There is no charge if you <i>have not</i> been diagnosed with an illness caused or complicated by tobacco use, or you take a medicine that's affected by tobacco.) Alaska's Tobacco Quit Line is always no charge — 1-800-QUIT-NOW.
Unhealthy weight	Height and weight measurement	At least yearly	In Welcome-to-Medicare and Annual Wellness visits (no charge). If body mass index (BMI) is ≥ 30 , counseling is covered if it is provided in a primary care clinic.
High blood pressure	Measurement	Every 2 years, or yearly if blood pressure is 120/80 or higher	In Welcome-to-Medicare and Annual Wellness visits.
Slips and falls	Risk review	Yearly, start at age 65	In Welcome-to-Medicare and Annual Wellness visits.
Diabetes	Fasting blood test (blood sugar) or A1c	Every 3 years, start at age 45	Covered if your provider decides you are at risk of diabetes.
High cholesterol (fats in your blood)	Fasting blood test (lipid panel)	Every 5 years, men start at age 35, women start at age 45	Covered every 5 years (no charge).
Heart attack or stroke	Risk assessment — Should you take aspirin?	Every 5 years, men ages 45-79, women 55-79	In Welcome-to-Medicare and Annual Wellness visits.
Breast cancer	Mammogram	Women every 2 years, ages 50-74	One-time baseline between ages 35-39; yearly starting at age 40. (No charge if provider accepts Medicare assignment. Turn over for more).
Cervical cancer	Pap smear	Women every 3 years, starting at age 21	Covered every two years, or yearly tests for women at high risk (no charge).
Colorectal cancer	EITHER Colonoscopy	Every 10 years, ages 50-75	Covered every 10 years, starting at age 50 (may have charges if polyp(s) are removed).
	OR Fecal Occult Blood Test (FOBT) and Sigmoidoscopy (Sig)	FOBT yearly, ages 50-75 Sig every 5 years, ages 50-75	FOBT covered yearly, starting age 50 (no charge). Sig covered every 4 years starting at age 50 (no charge).

*Get tested more often if you have risk factors ([see below and turn page over for more information](#)).

Disease-specific risk factors:

- **Diabetes:** Being Alaska Native/American Indian, African American/Black, Asian, Pacific Islander, or Hispanic/Latino; or, if a woman, having gestational diabetes during pregnancy or having a baby who weighed more than 9 pounds at birth.
- **Cardiovascular diseases** (heart attack, angina or stroke): Drinking more than a moderate amount of alcohol (for example, more than 2 drinks daily for men or more than 1 drink daily for women); or having diabetes.
- **Falls:** Risk factors that can be changed include: lower body weakness; poor vision; problems with gait, balance, shoes and/or feet; home hazards; use of psychoactive medications; and postural dizziness (head rush). As the number of risk factors goes up, so does the chance of a fall.
- **Cancer:** Having or had Hepatitis C.



Chronic diseases share risk factors. If you maintain or adopt healthier behaviors, you reap multiple benefits.

You are more likely to develop...	By...					
	Being overweight	Using tobacco	Exercising fewer than 3 times weekly	Having a relative with the disease	Having high blood pressure or high cholesterol	Eating foods that are...
Diabetes	X	X	X	X	X	
Heart attack, chest pain or stroke	X	X	X	X	X	high in salt
Cancer	X	X	X	(some cancers)		high in fats and/or high in white flour and sugars

Deductibles and co-payment or co-insurance requirements:

Typically, Medicare Part B covers these services. Medicare Part B has an annual deductible.

- The deductible does not apply to preventive visits, such as the once-in-a-lifetime Welcome-to-Medicare visit and the Annual Wellness visit if you go to a Medicare-approved provider.
- If you end up receiving a diagnosis or treatment during a preventive visit, the nature of the visit changes and your deductible may apply after all.

Medicare Part B also requires you to help pay for your care. The amount depends on your provider’s agreement with Medicare. Your provider may:¹

1. ‘Accept assignment’ — Your provider has agreed to fully participate in Medicare and that the Medicare-approved amount for a service is the total that he or she will bill for the service. Your portion of the bill (or co-insurance) would likely be 20% of Medicare’s price for the service.
2. ‘Not participate’ in Medicare — Your provider has a very limited relationship with Medicare. You may need to pay the entire charge for a service and submit the claim yourself. The total charge for the service can be up to 15% higher than Medicare’s approved price, in addition to your 20% co-insurance.
3. ‘Opt out’ of Medicare — Your provider has no relationship with Medicare. Your provider does not submit claims to Medicare and is not subject to the law that limits how much providers may charge. Medicare Part B, Medicare supplemental plans and retiree health plans do not cover care by these providers, including preventive care. Before you receive care from a provider that has opted out, you should sign a contract agreeing to be responsible for payment and acknowledging that no other payer will be involved.

Health insurance term	Definition
Premium	A payment you make to an insurer for your coverage.
Deductible	An amount you pay before the insurance plan starts paying for care.
Co-insurance	A percentage of the cost of a service that you pay.
Co-pay	A fixed cost you pay each time you receive care.

For more information, go to www.Medicare.gov, call 1-800-Medicare or contact Alaska’s Medicare Information Office.
 In Anchorage: **907-269-3680**
 Toll-free within Alaska: **800-478-6065**
 On the web: www.dhss.alaska.gov/dsds/Pages/medicare/default.aspx



¹ Based on *Paying for the Doctor when you have original Medicare* www.medicareinteractive.org/page2.php?topic=counselor&page=script&slide_id=357.