

# Medicare wellness visits

## Definitions

- ▼ **Traditional Medicare** is a federal health insurance for people who are 65 and older, disabled or with end-stage renal disease (ESRD). It covers hospital, medical and other health costs.
- ▼ **Medicare supplements** do not replace traditional Medicare coverage. They exist to cover the difference or "gap" between what traditional Medicare covers and the beneficiary's out-of-pocket expenses. Supplement policies only work with traditional Medicare.
- ▼ **Medicare replacement or Advantage plans** are health plans run by Medicare-approved private insurance companies. Medicare Advantage plans include Part A, Part B and usually other coverage like Medicare prescription drug coverage (Part D), sometimes for an extra cost.

Welcome to Medicare visit	Annual Medicare wellness visit	Annual Medicare wellness visit with health concerns
<p><b>Cost: \$0</b></p> <p>This visit occurs <b>within the first 12 months of having Medicare Part B</b> and includes a review of your health history. During this visit, a provider will provide education and counseling about preventive services, including:</p>	<p><b>Cost: \$0</b></p> <p>If you have a Medicare Part B plan for longer than 12 months, you qualify for a yearly "wellness" visit to develop a personalized health plan based on your current health and risk factors. The visit may include:</p>	<p><b>Cost: Coinsurance, deductible or copay</b></p> <p>This visit occurs when additional tests or services are needed during the same visit that are not covered under these preventive benefits.</p>
<ul style="list-style-type: none"><li>▼ Certain screenings, flu and pneumococcal vaccines, and referrals for other care, if needed</li><li>▼ Height, weight and blood pressure including a calculation of your body mass index</li><li>▼ A simple vision test</li><li>▼ A review of your potential risk for depression and your level of safety</li><li>▼ An offer to talk with you about creating advance directives</li><li>▼ A written plan letting you know which screenings, vaccines and other preventive services you need</li></ul>	<ul style="list-style-type: none"><li>▼ A review of your medical and family history</li><li>▼ Height, weight, blood pressure and other routine measurements as deemed appropriate based on medical and family history</li><li>▼ Personalized health advice</li><li>▼ A list of risk factors and treatment options for you</li><li>▼ A screening schedule (like a checklist) for appropriate preventive services</li><li>▼ Review and update current providers</li></ul>	<ul style="list-style-type: none"><li>▼ Address and discuss existing health problems, such as diabetes, pain, high blood pressure, etc.</li><li>▼ Address new health problems, such as flu, sinusitis, COVID, etc.</li><li>▼ Prescribe or adjust medications for existing or new health problems</li></ul>

## What if I have concerns not covered by a Medicare annual wellness visit?

We want to be transparent about our services and for you to feel comfortable addressing any healthcare problems with your provider. If you wish to discuss items that are NOT covered in the annual wellness exam visit, then please know you may incur additional fees decided by your insurance, such as a copay, coinsurance or deductible, as the insurance company may not cover services related to current or chronic health issues. If you do not wish to incur additional fees, we would be happy to schedule an additional appointment outside your annual wellness exam visit.



Wellness visits occur every 12 months.