

### **Annual 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.

- When you make your appointment, let your doctor's office know that you'd 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.

#### Your costs under Original Medicare:

- You pay nothing for the yearly "Wellness" visit if the doctor or other qualified health care provider accepts assignment.

However, you may have to pay coinsurance, and the Part B deductible may apply if:

- Your doctor or other health care provider performs additional tests or services during the same visit.
- These additional tests or services aren't covered under the preventive benefits.

#### Your costs under Medicare Advantage plans:

- You pay nothing for your yearly "Wellness" visit
- There is no coinsurance, copayment, or deductible

#### However, a cost-share may apply if:

- You are also treated or monitored for an existing medical condition during the visit when you receive the preventive service, a copayment will apply for the care received for the existing medical condition.

### What it is:

This plan is designed to help prevent disease and disability based on your current health and risk factors. 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. It can also include:

- A review of your medical and family history.
- Developing or updating a list of current providers and prescriptions.
- Height, weight, blood pressure, and other routine measurements.
- Detection of any cognitive impairment.
- Personalized health advice.
- A list of risk factors and treatment options for you. A screening schedule (like a checklist) for appropriate preventive services. Get details about coverage for screenings, shots, and other preventive services.
- Advance care planning

### **Annual Physical:**

The Annual Physical Exam is a more comprehensive examination than an annual wellness visit.

### Your costs under Original Medicare:

- Not covered under Original Medicare
- Responsible for full out-of-pocket cost

### Your costs under Medicare Advantage plans:

- Coverage varies—some Medicare Advantage plans cover physical exams, and some cover a physical exam and a Welcome to Medicare or Annual Wellness visit at the same appointment. Patients with Medicare Advantage should check eligibility with their health plan before scheduling an appointment. If you receive services that address a medical condition during the same office visit, additional cost-share may apply

### What it is:

Services will include the following:

- bodily systems examinations, such as heart, lung, head and neck, and neurological system;
- measurement and recording of vital signs such as blood pressure, heart rate, and respiratory rate
- a complete prescription medication review
- a review of any recent hospitalizations.

### **"Welcome to Medicare" Preventive Visit:**

Medicare Part B (Medical Insurance) covers a "Welcome to Medicare" preventive visit once within the first 12 months you have Part B.

- When you make your appointment, let your doctor's office know you would like to schedule your "Welcome to Medicare" preventive visit.

### Your costs in Original Medicare:

- You pay nothing for the "Welcome to Medicare" preventive visit if your doctor or other qualified health care provider accepts assignment. The Part B deductible doesn't apply.

However, you may have to pay coinsurance, and the Part B deductible may apply if:

- Your doctor or other health care provider performs additional tests or services during the same visit.
- These additional tests or services aren't covered under the preventive benefits.

### Your costs under Medicare Advantage:

- Medicare Advantage plans generally cover a one-time "Welcome to Medicare" visit only within the first 12 months you have Medicare Part B.

Note: Your doctor or other health care provider may recommend you get services more often than Medicare covers. Alternatively, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. Ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

### What it is:

This visit includes a review of your medical and social history related to your health and education and counseling about preventive services, including these:

- Certain screenings, flu and pneumococcal shots, and referrals for other care, if needed.
- Height, weight, and blood pressure measurements.
- A calculation of your body mass index.
- A simple vision test.
- A review of your potential risk for depression and your level of safety.
- An offer to talk with you about creating advance directives.
- A written plan letting you know which screenings, shots, and other preventive services you need.