



Medicare Preventive Services Calendar



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“Welcome to Medicare” Visit

During the first 12 months that you have Part B, you can get a “Welcome to Medicare” preventive visit. This visit helps you and your doctor develop a personalized plan to prevent disease, improve your health and help you stay well. You pay nothing for this visit as long as your doctor accepts assignment.



Annual Wellness Visit

If you have 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 based on your current health and risk factors. This visit is covered once every 12 months. Your first visit can't take place within 12 months of having your “Welcome to Medicare” visit. You don't need to have a “Welcome to Medicare” visit before your yearly “Wellness” visit. You pay nothing for this visit as long as your doctor accepts assignment.

Don't forget that the Medicare Advantage Plan Dis-enrollment Period begins Jan. 1. During the Dis-enrollment Period, you can leave your plan and switch to Original Medicare. If you switch during this period, you will have until Feb. 14 to also join a Medicare Part D plan.



(800) 552-3402

JANUARY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 MA Plan Dis-enrollment Period Begins New Year's Day	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 Martin Luther King Jr. Day	19	20	21	22	23
24	25	26	27	28	29	30
31						



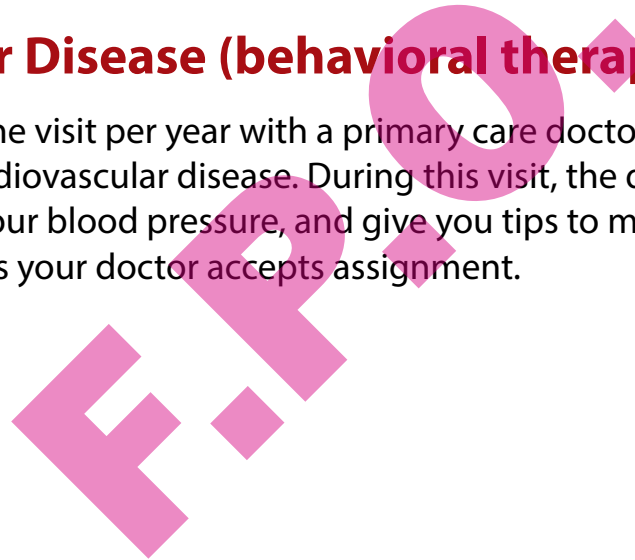
Cardiovascular Screenings

These screenings include blood tests that help detect conditions that may lead to a heart attack or stroke. Medicare covers these screening tests every five years to test your cholesterol, lipid and triglyceride levels. You pay nothing as long as your doctor accepts assignment.



Cardiovascular Disease (behavioral therapy)

Medicare will cover one visit per year with a primary care doctor in a primary care setting to help lower your risk for cardiovascular disease. During this visit, the doctor may discuss aspirin use (if appropriate), check your blood pressure, and give you tips to make sure you are eating well. You pay nothing as long as your doctor accepts assignment.





(800) 552-3402

FEBRUARY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14 MA Plan Dis-enrollment Period Ends	15 Presidents Day	16	17	18	19	20
21	22	23	24	25	26	27
28	29	<p>Do you have questions and/or complaints about services received from your insurance company or agent? Contact the Bureau of Insurance at (877) 310-6560</p>				



Abdominal Aortic Aneurysm Screening

Medicare covers a one-time screening abdominal aortic aneurysm ultrasound for people at risk. You must get a referral from your doctor or other practitioner. If you have a family history of abdominal aortic aneurysms, or if you're a man age 65-75 and you've smoked at least 100 cigarettes in your lifetime, you're considered at risk. You pay nothing for this screening as long as your doctor accepts assignment.



Glaucoma Tests

These tests are covered once every 12 months for people at high risk for the eye disease glaucoma. You're at high risk if you have diabetes, a family history of glaucoma, are African-American and 50 or older, or are Hispanic and 65 or older. An eye doctor who is legally allowed by the state must do the tests. You pay 20 percent of the Medicare approved amount and the Part B deductible applies for the doctor's visit. In a hospital outpatient setting you also pay the hospital a copayment.



(800) 552-3402

MARCH 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 Maha Shivaratri	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27 Easter	28	29	30	31		



Sexually transmitted infections screening and counseling

Medicare covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and hepatitis B. These screenings are covered for people with Medicare who are pregnant and for certain people who are at an increased risk for an STI when the tests are ordered by a primary care doctor or other primary care practitioner. Medicare covers these tests once every 12 months or at certain times during pregnancy.

Medicare also covers up to two individual 20- to 30-minute, face-to-face, high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. Medicare will only cover these counseling sessions if they are provided by a primary care doctor or other primary care practitioner and take place in a primary care setting. Counseling conducted in an inpatient setting, such as a skilled nursing facility, won't be covered as a preventive service. You pay nothing for these services as long as your doctor accepts assignment.



HIV Screening

Medicare covers HIV screenings once every 12 months for:

- People between ages 15-65
- People younger than 15 and older than 65, who are at increased risk

Medicare also covers this test up to three times during a pregnancy. You pay nothing for the HIV screening if the doctor or other qualified health care provider accepts assignment.



(800) 552-3402

APRIL 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30 Passover begins



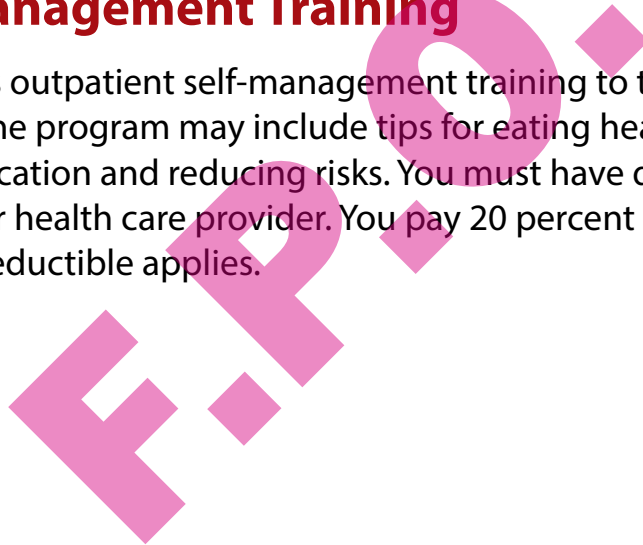
Diabetes Screenings

Medicare covers these screenings if your doctor determines you're at risk for diabetes. You may be eligible for up to two diabetes screenings each year. You pay nothing for the test if your doctor or other qualified health care provider accepts assignment.



Diabetes Self-Management Training

Medicare covers diabetes outpatient self-management training to teach you to cope with and manage your diabetes. The program may include tips for eating healthy, being active, monitoring blood sugar, taking medication and reducing risks. You must have diabetes and a written order from your doctor or other health care provider. You pay 20 percent of the Medicare approved amount and the Part B deductible applies.





(800) 552-3402

MAY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15 Buddha Day	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 Memorial Day	31	<p>Are you having problems paying for prescription drugs? To see if you qualify for Extra Help, fill out the form on the last page and mail it to the Virginia Insurance Counseling and Assistance Program in the envelope provided.</p>			



Cervical and Vaginal Cancer Screening

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the exam, Medicare also covers a clinical breast exam to check for breast cancer. Medicare covers these screenings once every 24 months and every 12 months if you are at high risk for cervical or vaginal cancer or are of child-bearing age and have had an abnormal Pap test in the past 36 months. You pay nothing for this screening as long as your doctor accepts assignment.



Prostate Cancer Screenings

Medicare covers a prostate specific antigen (PSA) test and a digital rectal exam once every 12 months for men over 50. You pay nothing for the PSA test. You pay 20 percent of the Medicare approved amount, and the Part B deductible applies for the digital rectal exam. In a hospital outpatient setting, you also pay the hospital a copayment.

F.P.O.



(800) 552-3402

JUNE 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Ramadan begins	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



Hepatitis C Screening

Medicare covers a one-time hepatitis C screening test if you meet one of these conditions:

- You're at high risk because you have a current or past history of illicit injection drug use
- You had a blood transfusion before 1992
- You were born between 1945-1965

Medicare also covers yearly repeat screenings for certain people at high risk. Medicare will only cover hepatitis C screening tests if they're ordered by a primary care doctor or other primary care provider. You pay nothing for the screening test if the doctor or other qualified health care provider accepts assignment.



Lung Cancer Screening Test

Medicare covers lung cancer screening with low dose computed tomography (LDCT) once per year if you meet all of these conditions:

- You're age 55-77
- You're either a current smoker or have quit smoking within the last 15 years
- You have a tobacco smoking history of at least 30 "pack years" (an average of one pack a day for 30 years)
- You get a written order from your physician or qualified non-physician practitioner.

Before your first lung cancer screening, you'll need to schedule an appointment with your doctor to discuss the benefits and risks of lung cancer screening and decide whether it is right for you. You pay nothing for this service if the primary care doctor or other qualified primary care practitioner accepts assignment.



(800) 552-3402

JULY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Independence Day	5	6 Eid al-Fitr	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Colorectal Cancer Screenings

Medicare covers these screenings to help find precancerous growths or find cancer early when treatment is most effective. One or more of the following tests may be covered as long as your doctor accepts assignment:

Fecal Occult Blood Test – this test is covered once every 12 months if you are 50 or older.

Flexible Sigmoidoscopy – this test is generally covered once every 48 months if you are 50 or older or 120 months (10 years) after a previous screening colonoscopy for those not at high risk.

Colonoscopy – this test is generally covered once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. No minimum age. If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20 percent of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting. The Part B deductible doesn't apply.

Barium Enema – this test is generally covered once every 48 months if you are 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy. You pay 20 percent of the Medicare approved amount for the doctor services. In a hospital outpatient setting, you also pay the hospital a copayment.

Multi-target stool DNA test – Medicare covers this test once every three years if you meet all of these conditions:

- You're between ages 50–85.
- You show no signs or symptoms of colorectal disease including, but not limited to, lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test.
- You're at average risk for developing colorectal cancer, meaning:
 1. You have no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's disease and ulcerative colitis.
 2. You have no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer.

You pay nothing for the test if the doctor or other qualified health care provider accepts assignment.



(800) 552-3402

AUGUST 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	Krishna Jayanti		
				Report suspected fraud and abuse to the Senior Medicare Patrol at (800) 938-8885		



Counseling and Screening

Medicare offers counseling and/or screening for:

- Alcohol misuse – Medicare covers one alcohol misuse screening per year for adults with Medicare (including pregnant women) who use alcohol but don't meet the medical criteria for alcohol dependency. If your primary care doctor or other primary care practitioner determines you're misusing alcohol, you can get up to four brief face-to-face counseling sessions per year. A qualified primary care doctor or other primary care practitioner must provide the counseling in a primary care setting.
- Obesity – If you have a body mass Index (BMI) of 30 or more, Medicare covers face-to-face individual behavioral therapy sessions to help you lose weight. This counseling may be covered if you get it in a primary care setting where it can be coordinated with your other care and a personalized prevention plan.
- Depression – Medicare covers one depression screening per year. The screening must be done in a primary care setting that can provide follow-up treatment and referrals.

You pay nothing for this counseling and these screenings as long as your doctor accepts assignment.



Medical Nutrition Therapy Services

Medicare may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months and your doctor refers you for the service. You pay nothing for this service as long as your doctor accepts assignment.



(800) 552-3402

SEPTEMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 Labor Day	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20 Eid al-Adha	21	22	23	24
25	26	27	28	29	30	



Bone Mass Measurement

This test helps to see if you're at risk for broken bones. It's covered once every 24 months for people who have certain medical conditions or meet certain criteria. You pay nothing for this test as long as your doctor accepts assignment.



Breast Cancer Screenings (mammograms)

Medicare covers screening mammograms to check for breast cancer once every 12 months for all women 40 and older with Medicare. Medicare covers one baseline mammogram for women between ages 35-39. You pay nothing for this screening as long as your doctor accepts assignment. Part B also covers diagnostic mammograms when medically necessary.

Don't forget the Annual Enrollment Period begins Oct. 15. Be sure to review your plans to ensure that they still meet your needs. The AEP ends Dec. 7.



(800) 552-3402

OCTOBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2 Muharram	3 Rosh Hashanah	4	5	6	7	8
9	10 Columbus Day	11 Ashura	12 Yom Kippur	13	14	15 AEP Begins
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30 Diwali	31					



Flu Shots

Medicare generally covers flu shots once per flu season. You pay nothing for getting the flu shot as long as your doctor accepts assignment for giving the shot.



Pneumococcal Shot

Medicare covers pneumococcal shots to help prevent pneumococcal infections (such as certain types of pneumonia). Medicare also covers a different second vaccine one year (or later) after the first shot. Talk with your doctor or other health care provider to see if you need one or both of the pneumococcal shots. You pay nothing for this shot as long as your doctor accepts assignment for the shot.



Hepatitis B Shots

Medicare covers these shots for people at high or medium risk for hepatitis B. Some risk factors include hemophilia, end-stage renal disease (ESRD), diabetes, if you live with someone who has hepatitis B, or if you're a health care worker and have frequent contact with blood or body fluids. Check with your doctor to see if you're at medium or high risk for hepatitis B. You pay nothing for the shot as long as your doctor accepts assignment for the shot.

Don't forget the AEP. Review your Prescription Drug Plan and/or your Medicare Advantage Plan to ensure they continue to meet your needs. The AEP ends Dec. 7.



(800) 552-3402

NOVEMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	Veterans Day	19
20	21	22	23	24	25	26
27	28	29	30	Thanksgiving Day		



Smoking and Tobacco Use Cessation (counseling to stop smoking or using tobacco products)

Medicare covers up to eight face-to-face visits in a 12-month period. All people with Medicare who use tobacco are covered. You pay nothing for the counseling sessions as long as your doctor or other qualified health care provider accepts assignment.

Don't forget the AEP. Review your Prescription Drug Plan and/or your Medicare Advantage Plan to ensure they continue to meet your needs. The AEP ends Dec. 7.



(800) 552-3402

DECEMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	AEP Ends 7	8 Bodhi Day	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	Christmas Eve Hanukkah begins
Christmas						31 New Year's Eve

There are programs that can save you money: the Extra Help Program and the Medicare Savings Programs. If you qualify, you may get help paying for your Part D premium and/or your Part B premium. Qualification is based on your income and your resources. To find out if you qualify, fill out the form below, tear it off and mail it to the Virginia Insurance Counseling and Assistance Program (VICAP) in the envelope provided.

VICAP
1610 Forest Ave., Suite 100
Richmond, VA 23229



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Printer instructions:
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To begin the screening process for Extra Help, please provide the following information and you will be contacted by an insurance counselor.

Name: _____

Address: _____

City: _____

County: _____

Phone number: _____

Total Monthly Income: _____

