

Medicare's Annual Wellness Visit

Have you had your Annual wellness Visit, provided by Medicare at no cost to you? This visit gives beneficiaries valuable information about their preventive health care, but it is NOT the same as a traditional annual physical exam.

The main focus of the Annual Wellness Visit is to create and update a prevention plan based on your specific health and risk factors. The following will be covered during your wellness visit:

1. Review your medical and family history
2. Create a list of current medical providers, suppliers and medications
3. Record height, weight, blood pressure, and other routine measurements
4. Create a list of risk factors and treatment options
5. Review your functional ability and level of safety
6. Establish a schedule of screenings for appropriate preventives services
7. Discuss advance care planning, if you choose to do so.

A standard physical would also include the examination of your head, neck, heart, lungs, abdomen, skin and extremities and neurological exam. These items will NOT be covered in the Annual Wellness Visit. If you ask your doctor about a medical concern you are having, the exam may change from a wellness visit to a service for which you may have to pay.

The cost of the Annual Wellness Visit is covered entirely by Original Medicare, including the deductible and co-payment. However, if you receive additional tests, labs or services the usual deductible and co-payment amounts under Part B will apply. Many of the preventive screenings and exams are also covered in full by Medicare, but some of them do require the Part B deductible and 20% co-payments. Medicare Advantage Plans (Part C) must also provide these preventive services and Annual Wellness Visit at no cost from network providers. If you have a Medicare Advantage Plan, check with your specific plan for information on coverage.

More information about the preventive tests/screening covered by Medicare can be found in the Medicare and You handbook or on the Medicare website (www.Medicare.gov).

When calling to schedule your appointment, be clear about what type of exam you would like and then verify this with your doctor at the start of your exam. If you are unsure if the test/screening your doctor has recommended will be paid for by Original Medicare you should ask your provider.