

YOUR BENEFITS GUIDE – PREVENTIVE CARE IN 2018

Preventive care is essential to ensuring Medicare beneficiaries live healthier, more productive lives. The following outlines preventive care covered by Medicare in 2018:

- **Abdominal Aortic Aneurysm Screening** – People at risk for abdominal aortic aneurysms may get a referral for a one-time screening ultrasound at their “Welcome to Medicare” physical exam. This test is covered if you have a family history of abdominal aortic aneurysms or if you are a man age 65 to 75 and have smoked at least 100 cigarettes in your lifetime. You pay nothing for this test if you meet Medicare criteria.
- **Cardiovascular Screening Blood Tests** - Medicare covers cardiovascular screening tests that check cholesterol and other blood fat (lipid) levels **every 5 years**. Includes:
 - Total Cholesterol Test
 - Cholesterol Test for High Density Lipoproteins; and
 - Triglycerides Test
 - You pay nothing for these tests.
- **Diabetes Screening Tests** - Anyone enrolled in Medicare identified as “high risk” for diabetes will be able to receive screening tests to detect diabetes early. Covers up to two screenings each year. The test includes:
 - Fasting plasma glucose test
 - Post-glucose challenge test
 - You pay nothing for these tests if you meet Medicare criteria.
- **Glaucoma Screening** – Must be done or supervised by an eye doctor who is legally allowed to do this test in your state. Covered annually for:
 - Those with a family history of glaucoma or diabetes
 - African-Americans age 50 and older
 - Hispanic-Americans age 65 and older
 - Other high risk individuals
 - Medicare pays 80% for this screening. Your cost share is determined based on The Hartford Group Retiree Insurance plan under which you are enrolled.
- **Bone Mass Measurement** - For those enrolled in Medicare at high risk for losing bone mass. It’s covered once every 24 months (more often if medically necessary) for people who have certain medical conditions or meet one of the following five criteria:
 - A woman whose doctor is treating her for estrogen-deficiency and at risk for osteoporosis based on her medical history or other findings
 - A person with vertebral abnormalities as demonstrated by an X-ray
 - A person getting steroid treatments
 - A person with primary hyperparathyroidism
 - A person taking an osteoporosis drug
 - You pay nothing for these tests if you meet Medicare criteria.

YOUR BENEFITS GUIDE – PREVENTIVE CARE IN 2018

- **Screening Mammography** – For women age 40 and older enrolled in Medicare, Medicare covers these annually. Medicare also covers one baseline mammogram for women between age 35 and 39. You pay nothing for this annual screening.
- **Pap Test & Pelvic Examination** - For all women enrolled in Medicare, Medicare covers these screening tests once every 24 months, or once every 12 months for women at high risk, or women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past three years. You pay nothing for these exams.
- **Colorectal Cancer Screening** – For all those enrolled in Medicare age 50 and older:
 - Fecal-Occult blood test covered annually
 - Flexible sigmoidoscopy once every four years or 10 years after a previous screening colonoscopy
 - Barium enema can be substituted for sigmoidoscopy or colonoscopy once every four years (every 2 years for those at higher risk)
 - Colonoscopy for any age enrolled in Medicare
 - Average risk – Once every ten years, but not within four years after a screening flexible sigmoidoscopy
 - High-risk – Once every two years

You pay nothing for these tests if you meet Medicare criteria.

- **Prostate Cancer Screening Tests** -For all men enrolled in Medicare age 50 and older:
 - Digital rectal exam – Covered annually and Medicare pays 80% for this exam. Your cost share is determined based on the medical plan under which you are enrolled.
 - Prostate Specific Antigen (PSA) test – Covered annually and you pay nothing for this test.
- **Diabetes Monitoring and Education** - Covered services and supplies for those who must monitor blood sugar:
 - Glucose-monitoring devices, lancets & strips
 - Education & training to help control diabetes
 - Foot care for those with peripheral neuropathy
 - Therapeutic shoes and inserts

Medicare pays for these services and supplies at 80% and your cost share is determined based on The Hartford Group Retiree Insurance Plan under which you are enrolled.

- **Medical Nutritional Therapy** – Medicare may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, or have had a kidney transplant in the last 36 months. You pay nothing for these services.
- **Smoking Cessation Services** – Medicare will cover up to 8 counseling sessions per year for individuals who use tobacco. You pay nothing for these services.

YOUR BENEFITS GUIDE – PREVENTIVE CARE IN 2018

- **Flu Vaccination Annually** - You pay nothing for the flu shot.
- **Pneumococcal Pneumonia Vaccination**- Medicare covers a pneumococcal shot to help prevent pneumococcal infections (like certain types of pneumonia). Medicare also covers a different second shot if it's given one year (or later) after the first shot. You pay nothing for this vaccination if you meet Medicare criteria.
- **Hepatitis B Shots** – Covered for those who are at medium or high risk. You pay nothing for this vaccination if you meet Medicare criteria.
- **Shingles Vaccination** – Zostavax – **the vaccine for shingles** – is covered under Medicare Part D at the applicable brand name copay. You would use your **Express Scripts Medicare member ID card** when getting this medication administered. It is most convenient to have this vaccine administered at a pharmacy as the pharmacy can bill it directly to your Express Scripts Medicare (PDP) prescription drug plan. Sometimes if it is done at your physician's office, you will have to pay for it upfront and submit the receipt for reimbursement as the physician may not have the ability to submit the claim to your Express Scripts Medicare (PDP) prescription drug plan.

Zostavax is a Tier 2 medication on the 2018 Express Scripts Medicare formulary (List of Covered Drugs) and you will be charged a \$40 copay for this vaccination.

To learn more about coverage under Medicare, you can go to the Medicare website at www.Medicare.gov or you can refer to your 2018 Medicare & You booklet. You may also contact Medicare directly by calling 1.800.633.4227. TYY users should call 1.877.486.2048.