Physical Exam or Wellness Visit?  
Know what Medicare covers

You may not give much thought to how your physician describes your annual visit, but the way his office ‘codes’ your visit will affect what Medicare will cover. Medicare provides coverage for a Welcome to Medicare Visit and an Annual Wellness Visit, but it does not cover an Annual Physical. Here’s how they differ:

Welcome to Medicare Visit

You are eligible for an initial exam called your Welcome to Medicare Visit within the first 12 months you have Part B. This visit includes a review of your medical, social and family history related to your health, as well as education and counseling about preventive services. It also includes:

- Height, weight and blood pressure measurements
- A calculation of your body mass index
- A simple vision test
- An offer to discuss advance directives
- Order of further tests, depending on your general health and medical history
- A written plan letting you know which screenings, immunizations and other preventive services are recommended for you.

Your Welcome to Medicare Visit is covered 100% by Medicare, but you may have to pay a copay and deductible for any recommended tests, screenings and preventive services when you receive them.

Annual Wellness Visit

Medicare recipients are eligible for an Annual Wellness Visit once you have had Part B for at least 12 months and once every 12 months after that. In addition to an update on your medical and social history, the visit includes:

- Developing or updating your providers and prescriptions
- Height, weight, blood pressure and other routine measurements

Find out whether the services being recommended are covered and let your physician know that you’re concerned about keeping cost down.

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Need a Reason to Get Health Insurance in 2015?

We are rapidly approaching the close of the Affordable Care Open Enrollment period. By law it is your responsibility to secure health insurance coverage before the February 15th deadline.

The fact is health insurance protects you from major medical bills . . . the kind of bills that can set you back financially for years to come.

Are you willing to go without insurance and take that kind of risk?

Here are three more reasons to enroll now:

Today’s marketplace plans cover ten categories of essential health care benefits including emergency care, hospitalization, prescription drugs, mental health and...
Health insurance protects you from major medical bills . . . the kind of bills that can set you back financially for years to come.

Rumors and Alarming Information

You’re reading through your email when you open the one that sets your nerves on edge.

The email looks and sounds official, but makes a startling claim. You believe it because it was sent by someone you trust. The problem is that the message is FALSE.

I’ve recently received calls from frightened clients about dramatic changes in Medicare. The first person stated that “Obamacare” will not pay for surgery for people over the age of 70. Another claimed that patients age 76 and older must be admitted to the hospital by their primary care physicians in order to be covered by Medicare. Both are completely false.

There are no provisions in the health-care law that authorize changes in care based on age. In fact, the Independent Payment Advisory Board which was established to help control the growth in Medicare costs is prohibited from rationing care, from making decisions about what benefits will or won’t be covered, and from increasing beneficiaries’ premiums or cost sharing.

If you receive emails with alarming claims about Medicare or “Obamacare,” you can do some detective work to check the validity of a story by looking it up on factcheck.org or snopes.com.

In the meantime, you have my commitment that I will keep you informed of any major changes that will affect Medicare, Medicare Advantage Plans and the Affordable Care Act (Obamacare.) Important updates will be reported on my website, in our newsletter and in articles I write for local newspapers and blogs.

The next time you receive an email that alarms you, check for tell-tale signs that the information may be false.

3rd ANNUAL Pasta for Puppies!

a fund-raising event to support Puppy Raising and Leader Dogs for the Blind

PASTA DINNER
MONDAY, MARCH 30th • 5-9pm

American-Croatian Lodge
34900 Lakeshore Blvd. Eastlake
$15 DONATION • CHINESE AUCTION
50/50 RAFFLE • DOOR PRIZES!

CALL LINDE @ 440-951-2468 FOR TICKETS
email: LeaderDogPuppies@gmail.com • WALK-INS WELCOME
Decoding Your Explanation of Benefits

An Explanation of Benefits (EOB) is the notice you receive in the mail a few weeks after you fill a prescription or receive health care services. This is not a medical bill. It’s a summary of services you received and it’s important for you to check it to make sure the information it contains is correct.

Each insurance company and Medicare EOB may be slightly different, but they usually contain the same information including your personal information, the doctor or facility visited, dates and description of your service, the fee billed to your insurance company and what you will be expected to pay once you receive your bill. It will also include any reason a service has been denied.

If any of the information on your EOB is incorrect, it could be a clerical error – or worse. Someone may have illegally used your medical identity. If you have any questions about your EOB, call the phone number listed on the form and let them know your concerns.