



Medicare Mini Beni Update

See your
Medicare and You
book for more information
about these preventative
services, just look for the
blue apple!

KEEP TRACK OF YOUR
PREVENTATIVE SERVICES
go to
www.MyMedicare.gov
to track your preventive
services

THESE SERVICES ARE
COVERED IF YOU HAVE
MEDICARE PART B
MEDICAL INSURANCE



Central Plains Area Agency on Aging

Central Plains Area
Agency on Aging
2622 W. Central Ave.
Suite 500
Wichita, Ks 67203

Call Center: 855-200-2372
www.cpaaa.org



Depression screening

Who's covered?

All people with Medicare.

How often is it covered?

Medicare covers one depression screening per year. The screening must be done in a primary care setting (like a doctor's office) that can provide follow-up treatment and referrals.

Cost to you?

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

Glaucoma Tests

What is it?

Glaucoma is an eye disease caused by high pressure in the eye. It can develop gradually without warning and often without symptoms. The best way for people at high risk for glaucoma to protect themselves is to have regular eye exams.

Who's Covered?

People with Medicare whose doctor says they're at high risk for glaucoma

How often is it covered?

Once every 12 months.

Cost to you?

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Abdominal Aortic Aneurysms

People at risk for abdominal aortic aneurysms may get a referral for a one-time screening ultrasound at their "Welcome to Medicare" preventive visit. If you have a family history of abdominal aortic aneurysms, or you're a man 65 to 75 and you have smoked at least 100 cigarettes in your lifetime, you're considered at risk.

Cost to you?

You pay nothing for this screening.



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Colorectal Cancer Screenings

Who's Covered?

All people with Medicare 50 and older, but there's no minimum age for having a screening colonoscopy.

Cost to you?

You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy if your doctor accepts assignment.

Additional Information

- If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting.
- For barium enemas, you pay 20% of the Medicare-approved amount for the doctor's services. The Part B deductible doesn't apply. If it's done in a hospital outpatient setting, you pay a copayment.

How Often is it Covered?

- Screening fecal occult blood test—Once every 12 months.
- Screening flexible sigmoidoscopy—Once every 48 months after the last flexible sigmoidoscopy or barium enema, or 120 months after a previous screening colonoscopy.
- Screening colonoscopy—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.
- Screening barium enema—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

Are you at high risk for colorectal cancer?

You are at high risk if you have had colorectal cancer before, have a close relative who had colorectal polyps or colorectal cancer, if you have a history of polyps, or if you have ever had inflammatory bowel disease.