



# Spreading the Word About Medicare's New Preventive Services

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## Make Sure Your Community is Aware of Medicare's Preventive Services

- “Welcome to Medicare” Physical Exam (NEW) ■
- Cardiovascular Screening (NEW) ■
- Diabetes Screening (NEW) ■
- Cancer Screenings ■

M E D I C A R E ' S P R E V E N T I V E S E R V I C E S

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RS for MEDICARE & MEDICAID SERVICES

# COMING SOON

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January 1, 2006

## New Medicare Prescription Drug Coverage

As you reach out to spread the news about Medicare's new preventive services, you may have the opportunity to answer questions about the new *Medicare Prescription Drug Coverage*. It will become effective January 1, 2006. We have included some basic information on the new drug coverage in Tab 5 of this toolkit for you to share with your community.

Briefly, we want people to know:

- Drug coverage will be available to everyone with Medicare.
- There will be extra help for those who need it most.
- There will be a choice of at least two drug plans.
- All plans will include both brand and generic drugs.

**Enrollment Begins November 15, 2005**

For More Information Visit  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

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# DEAR FRIENDS,

[www.libtool.com.cn](http://www.libtool.com.cn)

Our mission is clear; our challenge is great. We must inform the 41 million people with Medicare about their new preventive benefits. You are a critical part of this effort to improve the quality of life for America's seniors and people with disabilities. We appreciate your investment in this process and recognize how important your work is at the community level to reach people where they live, work, play, and pray.



Thanks to the passage of the Medicare Modernization Act, millions of people with Medicare will be able to live longer and healthier lives through the utilization of new preventive services that became effective January 1, 2005. **We are providing you with this package so we can work together in getting this good news out to the people covered by Medicare.**



To help, CMS has joined forces with the American Cancer Society (ACS), the American Diabetes Association (ADA), and the American Heart Association (AHA) to provide you with the prevention materials in this package that you can use to educate your community about the new preventive benefits. As a reminder, Medicare has been covering screenings for breast, cervical, colorectal and prostate cancer for some time. The new benefits include a one-time "Welcome to Medicare" physical exam for new beneficiaries, cardiovascular screening and diabetes screening, all of which will help facilitate the early diagnosis and treatment of disease.



We hope you will find this package easy to use as you help to spread the word about Medicare's preventive services within your community. **For additional information on Medicare's preventive benefits please go to our website, [www.cms.hhs.gov](http://www.cms.hhs.gov).** Thank you in advance for your help in this important cause.

Sincerely,

Michael O. Leavitt  
Secretary  
U.S. Department of Health and  
Human Services

Mark B. McClellan, M.D., Ph.D.  
Administrator  
Centers for Medicare & Medicaid Services



John R. Seffrin, Ph.D.  
Chief Executive Officer  
American Cancer Society

Lynne B. Nicholas, FACHE  
Chief Executive Officer  
American Diabetes Association

M. Cass Wheeler  
Chief Executive Officer  
American Heart Association



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www.hhs.gov

This package includes the materials you will need to share information about Medicare's preventive services with your community.

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- Contact information for ACS, ADA, and AHA
- Facts about preventive benefits
- Frequently asked questions on the new preventive benefits
- *Medicare Good News for 2005*—Parade Magazine article

### Tab 2 Community Education Materials

- *Guide to Medicare's Preventive Services*
- *Staying Healthy*—a summary brochure on Medicare's preventive benefits that you can copy and distribute

### Tab 3 Communication Materials

- Sample newsletter article

### Tab 4 Smoking Cessation

- Facts about Medicare's new smoking and tobacco use cessation coverage
- Frequently asked questions on Medicare's new smoking and tobacco use cessation coverage

## SECTION 2

We have also included a fact sheet designed to introduce you to our upcoming Medicare prescription drug coverage.

### Tab 5 Coming Soon

- *Introducing Medicare's New Coverage for Prescription Drugs*—a summary of Medicare's new prescription drug coverage available January 1, 2006

### Back Pocket

- Medicare's new preventive services poster
- *Everyday Choices for a Healthier Life* (a brochure from the ACS, ADA, and AHA)



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# CONTACT INFORMATION

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Cancer, diabetes, heart disease, and stroke have much in common. Together they represent both the largest killers in the Medicare population and the biggest expenditures in the Medicare program. Combined, these four chronic diseases account for nearly two out of every three deaths in the United States. However, each can be prevented or treated more effectively when diagnosed at earlier stages.

Therefore, our three organizations are pleased to have joined the Centers for Medicare & Medicaid Services in providing you with the prevention materials in this informative package to increase awareness about Medicare's coverage for disease prevention and early detection. This packet contains helpful information about Medicare's new preventive services for you to share with seniors in your community.

Recently our organizations joined forces to launch "Everyday Choices For A Healthier Life," a three-year advocacy, public and professional education campaign to provide unified health recommendations for all Americans and joint screening advice for physicians. A copy of the "Everyday Choices" brochure has been provided in this package and can be made available to you to distribute in your community. For more information about this campaign visit our website at [www.everydaychoices.org](http://www.everydaychoices.org).

We encourage you to visit our websites, listed below, for more information about the new Medicare benefit as well as additional information on chronic disease prevention.

- American Cancer Society [www.cancer.org](http://www.cancer.org)
- American Diabetes Association [www.diabetes.org](http://www.diabetes.org)
- American Heart Association [www.americanheart.org](http://www.americanheart.org)

We look forward to working with you to improve and protect the health of our nation's seniors.

Sincerely,

Daniel E. Smith  
National Vice President  
Federal and State  
Government Relations  
American Cancer Society

James P. Schlicht  
Chief Government Affairs  
& Advocacy Officer  
American Diabetes Association

Katherine Krause  
Executive Vice President  
Advocacy and Health  
Initiatives  
American Heart Association

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# FACTS ABOUT PREVENTIVE BENEFITS

[www.hhs.gov](http://www.hhs.gov)

## New Medicare Benefits

- Historically, Medicare's coverage has focused on paying to treat costly health problems after they occur. The best way to deal with health problems is to prevent them when possible.
- In recent years, Medicare has added a number of screenings and preventive services. Medicare's benefits continue to include: vaccinations, bone mass measurement, glaucoma screenings, medical nutrition therapy, and screenings for cancers of the colon, breast, cervix, and prostate.
- Unfortunately, although Medicare has closed the "coverage gap" for prevention, patients have not fully utilized these services. Medicare has made a number of improvements to encourage people with Medicare to use these important preventive services.
- Beginning in 2005, all people newly enrolled in Medicare Part B will be covered for an initial "Welcome to Medicare" physical examination. This exam **must** take place during the first six months after enrollment.
- The "Welcome to Medicare" physical exam includes:
  - measurement of height, weight, and blood pressure;
  - an electrocardiogram; and
  - education, counseling, and referrals related to other preventive benefits covered by Medicare, such as screenings and disease prevention services.
- This exam can be used to screen people with Medicare for many illnesses. If these illnesses are caught early, they can be treated and managed. Early diagnosis, through preventive efforts such as the "Welcome to Medicare" physical exam, can result in fewer serious illnesses and health consequences.
- The "Welcome to Medicare" physical exam provides all people newly enrolled in Medicare with an opportunity to discuss the importance of preventive care and living a healthy lifestyle with their physicians.

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# FACTS ABOUT PREVENTIVE BENEFITS (cont.)

## Closing the Prevention Gap

- Medicare is working hard to close the “prevention gap”—the difference between the number of people with Medicare who could take advantage of preventive services, (which include vaccines and screenings) and those who actually do.
- Closing this gap could save many thousands of lives as well as billions of dollars in avoidable medical expenses for preventable medical conditions. Unhealthy behaviors, such as inactive lifestyles, smoking and poor diet, lead to serious illnesses including: heart disease, diabetes, cancer, osteoporosis, high blood pressure, and emphysema.
- Medicare Advantage plans have the flexibility to cover more far-reaching preventive services, such as wellness programs, beyond what Medicare covers. Medicare Advantage plans offer additional preventive benefits, including health education services, exercise programs and other services that alert patients to potential health risks, but also work with them to change harmful lifestyles and encourage healthy behavioral changes.

## Diabetes Screening

- One of the new screening tests available as of January 1, 2005 is diabetes screening for those at risk for the disease. This includes people with high blood pressure, high cholesterol, obesity, or a history of high blood sugar. Other risk factors may also qualify people with Medicare for these tests.
- This is a critically important test for those at risk. The earlier a person is diagnosed and treated for diabetes, the more likely it is that the serious health consequences of this disease can be prevented or delayed.
- Millions of people have diabetes and do not even know it. It is important for those who have been diagnosed with this disease to have the appropriate care and treatment.
- Diabetes screening will also improve quality of life for those with the disease by treating the condition early. Diabetes is the leading cause of blindness and end stage renal disease among adults. With early detection and treatment, the development of severe vision loss can be reduced by 50–60 percent and kidney failure can be reduced by 30–70 percent.
- This new diabetes screening test is free. There is no deductible and no co-pay.

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# FACTS ABOUT PREVENTIVE BENEFITS (cont.)

## Cardiovascular Screening

- Another new benefit, now covered by Medicare, is cardiovascular screening. For the first time, people with Medicare will be eligible for cholesterol testing and other blood fat measurements.
- Since heart disease is the leading cause of death in the United States, it is important to help find those people at risk for developing heart disease or stroke.
- With this simple screening test, millions of people with Medicare can learn if they have an increased risk of developing heart disease and how they can control their cholesterol levels through diet, physical activity or, if necessary, with medication.
- Cardiovascular screenings may help to improve the quality of life for people at risk for cardiovascular diseases. This is important because high cholesterol is hard to detect without the test. The earlier people are treated, the more likely they will avoid life-threatening events such as heart attacks and strokes.
- As with the diabetes screening, cardiovascular screening is free. There is no deductible and no co-pay for this test.

For more specific information about these benefits and other Medicare preventive services, get a free copy of the *Guide to Medicare's Preventive Services* (CMS Pub. No.10110) at [www.medicare.gov](http://www.medicare.gov) on the web by selecting "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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# FREQUENTLY ASKED QUESTIONS

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**Q** Why are preventive services important?

**A** Preventive services can find health problems early when treatment works best and can keep you from getting certain diseases or illnesses. Medicare pays for many preventive services to keep you healthy. Talk with your doctor or health care provider to find out what tests you need and how often you need them to stay healthy.

**Q** Does the new Medicare Modernization Act add any preventive services that will help me stay healthy?

**A** Yes. Starting January 1, 2005, Medicare will cover:

- A one-time “Welcome to Medicare” physical exam for people new to Medicare
- Cardiovascular screenings
- Diabetes screenings

**Q** Are all people with Medicare eligible to get the “Welcome to Medicare” physical exam?

**A** No. Starting January 1, 2005, only people enrolling in Medicare Part B for the first time can get a “Welcome to Medicare” physical exam. Medicare only covers this physical exam if you get it within the first six months you have Part B coverage. Your Medicare Part B coverage must be effective on or after January 1, 2005.

**Q** What services are included in the “Welcome to Medicare” physical exam?

**A** The “Welcome to Medicare” physical exam will include a thorough review of your health, education and counseling about the preventive services you need, like certain screenings and shots, and referrals for other care if you need it. The “Welcome to Medicare” physical exam is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family medical history and how to stay healthy.

During the exam, your doctor will record your medical history and check your blood pressure, weight and height. Your doctor will also give you a vision test and an Electrocardiogram (EKG). Depending on your general health and medical history, further tests may be ordered if necessary. You will also get a written plan (like a checklist) when you leave letting you know which screenings and other preventive services you should get.

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# FREQUENTLY ASKED QUESTIONS (cont.)

**Q** How much does the “Welcome to Medicare” physical exam cost?

**A** You pay 20% of the Medicare-approved amount after you meet the yearly Part B deductible (\$110 for 2005). Since this may be your first Medicare-covered service, you may meet your entire Part B deductible at this visit.

**Q** What are the new cardiovascular screenings?

**A** Starting January 1, 2005, Medicare will cover cardiovascular screening tests. These tests check your cholesterol and other blood fat (lipid) levels. High cholesterol can increase your risk for heart disease and stroke. These tests will tell you if you have high cholesterol and can help you find cardiovascular problems in the early stages.

**Q** How often does Medicare cover the new cardiovascular screenings?

**A** Medicare will cover these cardiovascular screening tests once every five years. You don't have to pay a deductible or co-payment for these tests.

**Q** What is the new diabetes screening?

**A** Diabetes is a medical condition in which your body doesn't make enough insulin or has a reduced response to insulin. Diabetes causes your blood sugar to be too high because insulin is needed to use sugar properly. A high blood sugar level is not good for your health.

Starting January 1, 2005, Medicare will cover tests to check for diabetes. These tests are available if you have any of the following risk factors: high blood pressure, high cholesterol, obesity, or a history of high blood sugar. Other risk factors may also qualify you for these tests. Talk with your doctor for more information.

**Q** How often is the new diabetes screening covered by Medicare?

**A** Based on the results of your diabetes screening tests, you may be eligible for up to two diabetes screenings every year. You don't have to pay a deductible or co-payment for these tests.

**Q** What cancer screening does Medicare currently cover?

**A** Medicare covers the full-range of colorectal cancer tests, annual mammogram tests for women over 40, a pap test and pelvic exam once every 24 months and annual prostate exams for men over 50.

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# PARADE

*The following article appeared in the January 2, 2005 publication of PARADE.*

*It was authored by Dr. Isadore Rosenfeld.*

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## **Second Opinion**

By Isadore Rosenfeld

Published: January 2, 2005

### **Medicare Good News for 2005**

The belief that “an ounce of prevention is worth a pound of cure” has led many of us to get a routine physical exam, or “checkup.” There are two main reasons to see your doctor while you’re still well: 1) to discuss your lifestyle and learn what steps to take to stay healthy; and 2) to discover evidence of disease before you become aware of it. Early detection of cancer or heart disease can make the difference between life and death. Despite the fact that preventing or curing disease early on is much cheaper than treating protracted illness, “experts” in cost-effectiveness would have us believe that such routine physicals are too expensive. As a result, many health insurance carriers—including, I am sad to say, Medicare—have not been paying for routine examinations. In order to be reimbursed for a visit to the doctor, you must already be sick.

#### **New Services**

Insurers (and the government) now are gradually beginning to endorse preventive medicine in a meaningful way. Tommy Thompson, the outgoing Secretary of Health and Human Services, recently announced implementation of the Medicare Modernization Act, which was passed in 2003. Here’s what that means in practical terms:

Anyone who enrolls in Medicare after Jan. 1 is covered for one preventive physical exam. I would have liked to see this available to all seniors on an annual basis, but this is a start. The new program also includes an electrocardiogram and counseling about preventive services that already are available to all Medicare patients, such as:

- Vaccinations (pneumococcal, flu and hepatitis B)
- Screening mammograms
- Screening Pap smears as well as pelvic exams
- Prostate cancer screening
- Colorectal cancer screening
- Glaucoma screening (if at risk)
- Medical nutrition therapy (for those with diabetes or those with renal disease)
- Screening for diabetes (if at risk)
- When a doctor advises, screening for cardiovascular disease

**Important:** You must take advantage of this new policy within six months of enrolling in Medicare, which is why I want to draw your attention to it now—in plenty of time to do so. If you have any additional questions, visit [www.cms.hhs.gov/medicarereform](http://www.cms.hhs.gov/medicarereform) or call 1-800-MEDICARE.

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# Guide to Medicare's Preventive Services

**This official government  
booklet explains...**

- What prevention is and why it's important
- Which preventive services are new
- Which preventive services Medicare covers and how often
- Who can get them
- What you pay



The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle by exercising, eating well, keeping a healthy weight, and not smoking.

Another important way to stay healthy is to use preventive services provided by doctors and health care providers. Preventive services can find health problems early when treatment works best and can keep you from getting certain diseases or illnesses. Preventive services include exams, lab tests, and screenings. They also include shots, monitoring, and information to help you take care of your own health. Medicare pays for many preventive services to keep you healthy.

### How Can this Booklet Help Me?

The preventive services listed in this booklet are covered no matter what kind of Medicare health plan you have. However, the amount you pay for these services varies depending on the type of health plan. This booklet explains the way preventive services are covered if you have Part B under the Original Medicare Plan (sometimes called fee-for-service). If you have another type of Medicare health plan, call your plan for more information.

### This booklet can help you learn...

- How to stay healthy
- About these Medicare-covered services:
  - One-time “Welcome to Medicare” physical exam (if your Medicare Part B begins on or after January 1, 2005)
  - Cardiovascular screening
  - Tests for breast, cervical, vaginal, colorectal, and prostate cancers
  - Flu, pneumococcal, and Hepatitis B shots
  - Bone mass measurements
  - Diabetes screening and self-management
  - Glaucoma testing

**Note:** The information in this booklet was correct when it was printed. Changes may occur after printing. For the most current information, look at [www.medicare.gov](http://www.medicare.gov) on the web. Select “Your Medicare Coverage.” Or, call 1-800-MEDICARE (1-800-633-4227). A customer service representative can tell you if the information has been updated. TTY users should call 1-877-486-2048.

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*Medicare’s Guide to Preventive Services* isn’t a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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## Why Prevention is Important

You can stay healthy, live longer, and delay or prevent many diseases by...

- **exercising**—Do any physical activity you enjoy for 20–30 minutes 5 or 6 days a week.
- **eating well**—Eat a healthy diet of different foods like fruit, vegetables, protein (like meat, fish, or beans), and grains (like rice), and limit the amount of saturated fat you eat.
- **keeping a healthy weight**—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.
- **not smoking**—Talk with your doctor about getting help to quit smoking.
- **getting preventive services**—Delay or lessen the effects of diseases by getting preventive services like shots to keep you from getting dangerous infections and screening tests to find diseases early.

**Note:** Talk to your doctor about the right exercise program for you.

## Newly-covered Preventive Services

Medicare covers many different preventive services. Starting January 1, 2005, Medicare will now cover these three preventive services:

- One-time “Welcome to Medicare” Physical Exam (page 3)
- Cardiovascular Screening (page 4)
- Diabetes Screening to check for diabetes (page 10)

Keep reading to find out how Medicare covers these and other preventive services. You can also look at [www.medicare.gov](http://www.medicare.gov) on the web, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

## Talk to Your Doctor

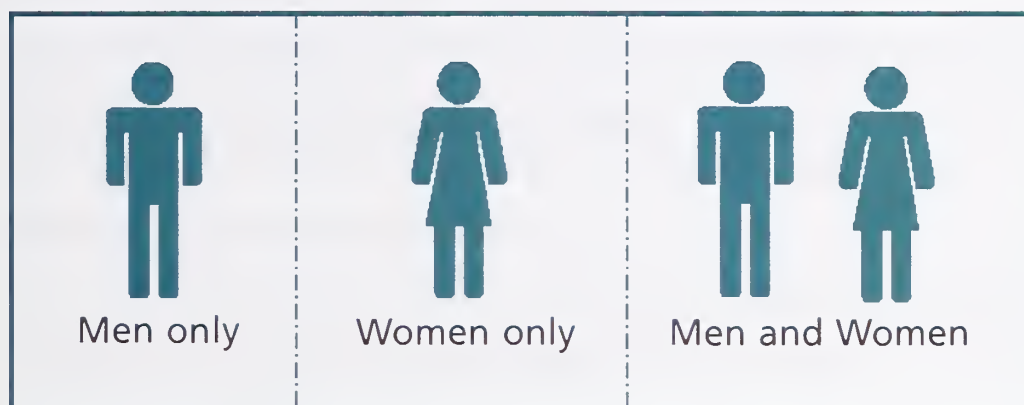
In providing good care, your doctor or health care provider may do exams or tests that Medicare doesn't cover. Your doctor or healthcare provider may also recommend that you have tests more or less often than Medicare covers them. Talk to your doctor or health care provider to find out how often you need these exams to stay healthy.

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## Things to Know as You Read this Booklet

### Symbols

You will see one of the following symbols next to each preventive service. It tells you for whom Medicare covers the test.



### Risk Factors

You will also see lists of factors that increase your risk of developing a certain disease. If you're not sure if you're at high risk, talk to your doctor.

### Part B Deductible

The Part B deductible in 2004 is \$100 and will increase to \$110 in 2005. This amount may change annually.

### Medicare-approved Amount

The Medicare-approved amount is the amount Medicare pays for an item or service.

## **NEW - One-time "Welcome to Medicare" Physical**



If your Medicare Part B coverage begins on or after January 1, 2005, Medicare will cover a one-time preventive physical exam within the first six months that you have Part B. The exam will include a thorough review of your health, education and counseling about the preventive services you need like certain screenings and shots, and referrals for other care if you need it. The "Welcome to Medicare" physical exam is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy.

**How often is it covered?** One time only within the first six months that you have Part B

**For whom?** All people whose Medicare Part B begins on or after January 1, 2005

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible

## 4 Medicare Preventive Services

### NEW <sup>www.libtool.com.cn</sup> - Cardiovascular Screening



Medicare covers cardiovascular screenings that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screenings will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet) to lower your cholesterol.

**What is covered?** Tests for cholesterol, lipid, and triglyceride levels beginning January 1, 2005

**How often is it covered?** Talk with your doctor about how often

**For whom?** Talk with your doctor to see if you qualify

**Your costs in the Original Medicare Plan?** You pay nothing

### Breast Cancer Screening Mammograms



Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the United States. Every woman is at risk, and this risk increases with age. Breast cancer can usually be successfully treated when found early. Medicare covers screening mammograms and digital technologies for screening mammograms to check for breast cancer before you or a doctor may be able to feel it.

**How often is it covered?** Once every 12 months

**For whom?** All women with Medicare age 40 and older can get a screening mammogram every 12 months. Medicare also pays for one baseline mammogram for women with Medicare between ages 35 and 39.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount with no Part B deductible

**Are you at high risk for breast cancer?**

Your risk of developing breast cancer increases if you...

- had breast cancer in the past
- have a family history of breast cancer (like a mother, sister, daughter, or two or more close relatives who have had breast cancer)
- had your first baby after age 30
- have never had a baby

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## Cervical and Vaginal Cancer Screening



Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare covers a clinical breast exam to check for breast cancer.

**How often is it covered?** A Pap test and pelvic exam are covered by Medicare once every 24 months. However, if you are of childbearing age and have had an abnormal Pap test within the past 36 months, or if you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

**For whom?** All women with Medicare

**Your costs in the Original Medicare Plan?** You pay nothing for the Pap lab test. For Pap test collection and pelvic and breast exams, you pay 20% of the Medicare-approved amount with no Part B deductible.

**Are you at high risk for cervical cancer?**

Your risk for cervical cancer increases if ...

- you have had an abnormal Pap test
- you have had cancer in the past
- you have been infected with the Human papillomavirus (HPV)
- you began having sex before age 16
- you have had many sexual partners
- your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you

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## Colorectal Cancer Screening



Colorectal cancer is usually found in people age 50 or older, and the risk of getting it increases with age. Medicare covers colorectal screening tests to help find pre-cancerous polyps (growths in the colon) so they can be removed before they turn into cancer. Treatment works best when colorectal cancer is found early.

### How often is it covered?

- **Fecal Occult Blood Test**—Once every 12 months
- **Flexible Sigmoidoscopy**—Once every 48 months
- **Screening Colonoscopy** —Once every 24 months (if you're at high risk)

Once every 10 years, but not within 48 months of a screening sigmoidoscopy (if you're not at high risk)

- **Barium Enema**—Your doctor can decide to use this test instead of a flexible sigmoidoscopy or colonoscopy. This test is covered every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren't at high risk.

**For whom?** All people with Medicare age 50 and older, except there is no minimum age for having a screening colonoscopy

**Your costs in the Original Medicare Plan?** You pay nothing for the fecal occult blood test. For all other tests, you pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If the flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department, you pay 25% of the Medicare-approved amount after the yearly Part B deductible.

**Are you at high risk for colorectal cancer?** Risk for colorectal cancer increases if you or a close relative have had colorectal polyps or colorectal cancer, or if you have inflammatory bowel disease (like ulcerative colitis or Crohn's disease).



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## Prostate Cancer Screening



Prostate cancer can often be found early by testing the amount of PSA (Prostate Specific Antigen) in your blood. Another way prostate cancer is found early is when your doctor performs a rectal exam. Medicare covers both of these tests so that prostate cancer can be detected and treated early.

How often is it covered?

- **Digital Rectal Examination**—Once every 12 months
- **Prostate Specific Antigen (PSA) Test**—Once every 12 months

**For whom?** All men with Medicare age 50 and older (coverage for this test begins the day after your 50th birthday)

**Your costs in the Original Medicare Plan?** Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. There is no coinsurance and no Part B deductible for the PSA Test.

**Are you at high risk for prostate cancer?** While all men are at risk for prostate cancer, your risk increases if you have a father, brother, or son who has had prostate cancer. The list below shows the people at risk for prostate cancer from higher to lower amount of risk:

- African Americans
- Whites
- Hispanics
- Asians
- Pacific Islanders
- Native Americans

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## Shots (Flu, Pneumococcal, Hepatitis B)

Medicare covers flu, pneumococcal, and Hepatitis B shots. Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person. All adults 65 and older should get flu and pneumococcal shots. People with Medicare who are under 65 but have chronic illness, including heart disease, lung disease, diabetes or end-stage renal disease should get a flu shot. People at medium to high risk for Hepatitis B should get Hepatitis B shots.

### Flu Shot

**How often is it covered?** Once a year in the fall or winter

**For whom?** All people with Medicare

**Your costs in the Original Medicare Plan?** You pay nothing

### Pneumococcal Shot

**How often is it covered?** Most people only need this shot once in their lifetime

**For whom?** All people with Medicare

**Your costs in the Original Medicare Plan?** You pay nothing

### Hepatitis B Shots

**How often are they covered?** Three shots are needed for complete protection. Check with your doctor about when to get these shots if you qualify to get them.

**For whom?** People with Medicare at medium to high risk for Hepatitis B

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible

### Are you at high risk for Hepatitis B?

Common factors that put you at medium to high risk for Hepatitis B include...

- hemophilia
- End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)
- a condition that lowers your resistance to infection

Other factors may increase your risk for Hepatitis B. Check with your doctor to see if you are at medium to high risk for Hepatitis B.

[www.libtool.com.cn](http://www.libtool.com.cn)

## Bone Mass Measurements



Medicare covers bone mass measurements to determine whether you are at risk for a fracture (broken bone). People are at risk for fractures because of osteoporosis. Osteoporosis is a disease in which your bones become weak. In general, the lower your bone density, the higher your risk is for a fracture. Bone mass measurement test results will help you and your doctor choose the best way to keep your bones strong.

**How often is it covered?** Once every 24 months (more often if medically necessary)

**For whom?** All people with Medicare who are at risk for osteoporosis

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible

**Are you at risk for osteoporosis?**

Your risk for osteoporosis increases if you...

- are age 50 or older
- are a woman
- have a family history of broken bones
- have a personal history of broken bones
- are White or Asian
- are small-boned
- have low body weight (less than about 127 pounds)
- smoke or drink a lot
- have a low-calcium diet

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## Diabetes Screening, Supplies, and Self-Management Training



Diabetes is a medical condition in which your body doesn't make enough insulin or has a reduced response to insulin. Diabetes causes your blood sugar to be too high because insulin is needed to use sugar properly. A high blood sugar level is not good for your health. For all people with Medicare, Medicare covers screenings to check for diabetes. For people with diabetes, Medicare covers certain supplies and self-management training to find and treat diabetes.

### **NEW** - Diabetes Screening (Fasting Plasma Glucose Test) beginning January 1, 2005

**How often is it covered?** Talk with your doctor

**For whom?** Talk with your doctor

**Your costs in the Original Medicare Plan?** You pay nothing

#### Diabetes Glucose monitors, test strips, and lancets

**For whom?** All people with Medicare who have diabetes

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible

#### Diabetes Self-Management Training

**For whom?** This training is for certain people with Medicare who are at risk for complications from diabetes. Your doctor must request this service.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible

**For more information,** get a free copy of *Medicare Coverage of Diabetes Supplies & Services* (CMS Pub. No. 11022) at [www.medicare.gov](http://www.medicare.gov) on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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## Glaucoma Tests



Glaucoma is an eye disease caused by high pressure in the eye. It can cause you to gradually lose sight 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.

How often is it covered? Once every 12 months

For whom? People with Medicare at high risk for glaucoma

Your costs in the Original Medicare Plan? You pay 20% of the Medicare-approved amount after the yearly Part B deductible

Are you at high risk for glaucoma?

Your risk for glaucoma increases if you...

- have diabetes
- have a family history of glaucoma
- are African American and age 50 or older

## For More Information

You can learn more about Medicare's preventive services by looking at [www.medicare.gov](http://www.medicare.gov) on the web, or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.





U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

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Official Business  
Penalty for Private Use, \$300

Publication No. CMS - 10110  
Revised August 2004

Medicare is here for you 24 hours a day, every day.

For help with your Medicare questions

- visit [www.medicare.gov](http://www.medicare.gov)
- call 1-800-MEDICARE (1-800-633-4227)
- call 1-877-486-2048 (TTY users)

To get this booklet in Spanish, call  
1-800-633-4227. TTY users should  
call 1-877-486-2048.

Para conseguir este folleto en español llame  
gratis al 1-800-MEDICARE  
(1-800-633-4227). Los usuarios  
de TTY deben llamar al 1-877-486-2048.







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## **Staying Healthy Medicare's Preventive Services**

An easy and important way to stay healthy is to get disease prevention and early detection services. Disease prevention and early detection services can keep you from getting certain diseases or illnesses, or can find health problems early which is when treatment works best. Talk with your doctor or health care provider to find out what tests you need and how often you need them to stay healthy.

Heart disease, cancer, stroke and diabetes cause the most deaths of people with Medicare, but each disease can be prevented or treated more effectively when found earlier. The Centers for Medicare & Medicaid Services has joined the American Cancer Society, the American Diabetes Association, and the American Heart Association to help get the word out about the prevention and early detection services covered by Medicare. These groups have also joined together to start a public awareness campaign, "Everyday Choices for a Healthier Life,"<sup>TM</sup> which is focused on helping all Americans lower their risk of cancer, diabetes, heart disease, and stroke by taking charge of their everyday choices. To find out more about the "Everyday Choices" campaign or how to lower your risk for these four diseases, visit [www.everydaychoices.org](http://www.everydaychoices.org) or call 1-866-399-6789.

## Did you know that Medicare covers...

<p><b>One-time "Welcome to Medicare" Physical Exam</b></p>	<p>Beginning January 1, 2005, Medicare covers a one-time review of your health, as well as education and counseling about the preventive services you need, including certain screenings and shots. Referrals for other care if you need it will also be covered.</p> <p>You must have the exam within the first six months you have Medicare Part B.</p>
<p><b>Cardiovascular Screenings</b></p>	<p>Ask your doctor to test your cholesterol, lipid and triglyceride levels so he or she can help you prevent a heart attack or stroke.</p> <p>Beginning January 1, 2005, Medicare covers tests for cholesterol, lipid, and triglyceride levels every five years.</p>
<p><b>Screening Mammograms</b></p>	<p>These tests check for breast cancer before you or your doctor may be able to feel it.</p> <p>Medicare covers mammograms once every 12 months for all women with Medicare age 40 and older.</p>
<p><b>Pap Test and Pelvic Exam (includes clinical breast exam)</b></p>	<p>These exams check for cervical and vaginal cancers.</p> <p>Medicare covers these exams every 24 months for all women with Medicare and once every 12 months for women with Medicare at high risk.</p>
<p><b>Colorectal Cancer Screening</b></p>	<p>These tests help find colorectal cancer early, when treatment is most effective.</p> <p>If you are age 50 or older, or are at high risk for colorectal cancer, one or more of the following tests is covered: Fecal Occult Blood Test, Flexible Sigmoidoscopy, Screening colonoscopy, and/or barium enema. How often Medicare pays for these tests is different depending on the test you and your doctor decide is best and your level of risk for this cancer.</p>
<p><b>Flu Shots</b></p>	<p>These shots help prevent influenza, or flu virus.</p> <p>Medicare covers these shots once a flu season in the fall or winter for all people with Medicare.</p>

<b>Prostate Cancer Screening</b>	<p>These tests help find prostate cancer.</p> <p>Medicare covers a digital rectal exam and Prostate Specific Antigen (PSA) test once every 12 months for all men with Medicare over age 50.</p>
<b>Pneumococcal Shot</b>	<p>This shot helps prevent pneumococcal infections.</p> <p>Medicare covers this shot for all people with Medicare. Most people only need this shot once in their lifetime. Talk with your doctor.</p>
<b>Hepatitis B Shots</b>	<p>These three shots help protect people from getting Hepatitis B.</p> <p>Medicare covers these shots for people with Medicare at high or medium risk for Hepatitis B.</p>
<b>Bone Mass Measurements</b>	<p>These measurements help determine if you are at risk for broken bones.</p> <p>Medicare covers these measurements once every 24 months (more often if medically necessary) for people with Medicare at risk for osteoporosis.</p>
<b>Diabetes Screenings</b>	<p>Beginning January 1, 2005, Medicare covers tests to check for diabetes. These tests are available if you have any of the following risk factors: high blood pressure, dyslipidemia (history of abnormal cholesterol and tryglyceride levels), obesity, or a history of high blood sugar. Medicare also covers these tests if you have two or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>• age 65 or older,</li> <li>• overweight,</li> <li>• family history of diabetes (parents, brothers, sisters), and</li> <li>• a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds.</li> </ul> <p>Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information.</p>
<b>Glaucoma Tests</b>	<p>These tests help find the eye disease glaucoma.</p> <p>Medicare covers these tests once every 12 months for people with Medicare at high risk for glaucoma.</p>

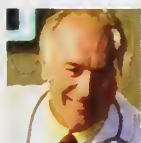
For some of these services, you might have to pay a deductible, coinsurance and/or copayment. These amounts vary depending on the type of services you need and the kind of Medicare health plan you have.

For more details about Medicare's coverage of these preventive services, including your costs in the Original Medicare Plan, get a free copy of the *Guide to Medicare's Preventive Services* (CMS Pub. No. 10110) at [www.medicare.gov](http://www.medicare.gov) on the web. "Select Publications." Or, call 1-800-MEDICARE (1-800-633-4227) and ask for a copy. TTY users should call 1-877-486-2048.

This publication was developed in cooperation with the American Cancer Society, American Diabetes Association and American Heart Association.

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# SAMPLE NEWSLETTER ARTICLE

People with Medicare now have an opportunity to live healthier and longer lives thanks to a significant change in the Medicare program. Aided by passage of the Medicare Modernization Act (MMA), Medicare is shifting its focus from disease management to prevention. The goal is to reduce hundreds of thousands of annual deaths that occur from diseases that may be preventable, such as cancer, diabetes, heart disease and stroke.

Key features of the new preventive benefits are the “Welcome to Medicare” physical exam for people new to the Medicare program, and free cardiovascular and diabetes screenings. These new benefits have been added to an array of preventive services including: coverage for vaccinations, bone mass measurement, glaucoma screenings, medical nutrition therapy, and screenings for cancers of the colon, breast, cervix, and prostate.

Living a healthy lifestyle has long been recognized as the best way to stop health problems before they start. Today, a healthy lifestyle means doing things such as eating right, maintaining a healthy weight, staying active, and not smoking. It also includes the use of preventive services that can find potential health problems early, when treatment works best.

As the value of preventive services has become clear, Medicare services have been improved to provide coverage for these important screenings. Medicare now includes coverage for many services to keep people healthy, no matter what type of Medicare health plan they have.

## One-time “Welcome to Medicare” Physical Exam for New Enrollees

For people whose Medicare Part B coverage begins on or after January 1, 2005, Medicare will cover a one-time preventive physical exam within the first six months that they have Medicare Part B. The exam will include a thorough review of the new enrollee’s health including an electrocardiogram, education and counseling about preventive services, such as certain screenings and shots, and referrals for other care, if needed. The “Welcome to Medicare” physical exam is a great way for new enrollees to get up-to-date on important screenings and shots, and to talk with doctors about their family history and how to stay healthy.

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# SAMPLE NEWSLETTER ARTICLE (cont.)

## Cardiovascular Screening

Medicare now covers cardiovascular screenings that check cholesterol and other blood fat (lipid) levels. An elevated cholesterol level increases the risk of heart disease and stroke. Lifestyle changes in diet and activity level may lower cholesterol and keep people healthy. Cholesterol-lowering medication, prescribed by a physician, may also help manage cholesterol levels.

## Diabetes Screening

Diabetes is a medical condition where the body doesn't make enough insulin or has a reduced response to insulin. The body needs insulin to use glucose (sugar) properly. People with diabetes have blood sugar levels that are too high, and high blood sugar levels are not good for their health. Free diabetes screening is now available to those at risk for the disease, which includes people who have high blood pressure, high cholesterol levels, obesity, or a history of high blood sugar. Other risk factors may also qualify them for a free diabetes screening. People with Medicare should talk with their doctors to see if this screening is right for them and how often Medicare covers it.

## Cancer Screenings

Medicare also continues to cover routine cancer screenings including: mammograms and tests for detecting cervical and vaginal cancers for women, prostate cancer screenings for men, as well as colorectal cancer screenings.

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# SAMPLE NEWSLETTER ARTICLE (cont.)

## Other Covered Services

Medicare also covers flu, pneumonia and Hepatitis B shots, bone mass measurements and glaucoma tests.

All of these important screenings and services can help people with Medicare live healthy lifestyles and stop potential health problems before they start.

## Closing the Prevention Gap

Medicare is working hard to close the “prevention gap”—the difference between the number of people with Medicare who could take advantage of preventive services and those who actually do. Closing this gap could save many thousands of lives as well as billions of dollars in avoidable medical expenses for preventable medical conditions. Unhealthy behaviors, such as inactive lifestyles, smoking and poor diet, lead to serious illnesses including: heart disease, diabetes, cancer, osteoporosis, high blood pressure, and emphysema.

For more specific information about these benefits and other Medicare preventive services, get a free copy of the *Guide to Medicare's Preventive Services* (CMS Pub. No.10110) at [www.medicare.gov](http://www.medicare.gov) on the web when you select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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# FACTS ABOUT SMOKING AND TOBACCO USE CESSATION

[www.Medicare.com](http://www.Medicare.com)

## Another New Medicare Benefit

- On March 22, 2005 the Centers for Medicare & Medicaid Services (CMS) began covering smoking and tobacco use cessation counseling for certain people with Medicare to help them quit the habit.
- People with Medicare who have an illness caused or complicated by tobacco use, including heart disease, cerebrovascular disease, multiple cancers, lung disease, weak bones, blood clots, and cataracts can get coverage for smoking and tobacco use cessation. These diseases account for the bulk of Medicare spending today. People with Medicare who take any of the many medications whose effectiveness is complicated by tobacco use—including insulin and some medicines for high blood pressure, blood clots and depression are also eligible.
- This new Medicare covered service builds on a series of the Department of Health and Human Services' (HHS) initiatives designed to help Americans quit smoking, including the opening of a new national quitline (1-800-QUITNOW) and designating all HHS campuses tobacco-free.
- The Centers for Disease Control and Prevention (CDC) has estimated that 9.3 percent of Americans age 65 and older smoke cigarettes. About 440,000 people die annually from smoking related diseases, with 300,000 of those deaths in those age 65 and older. CDC estimated in 2002 that 57 percent of smokers age 65 and older report a desire to quit. About 10 percent of elderly smokers quit each year with 1 percent relapsing.
- Researchers estimate that smoking accounts for approximately 10 percent of the total Medicare program costs or about \$20.5 billion in 1997.
- The U.S. Surgeon General has reported that quitting smoking leads to significant risk reduction and other health benefits, even in older adults who have smoked for years.
- Medicare's upcoming prescription drug coverage will provide certain smoking and tobacco use cessation treatments that are prescribed by a physician.

For more information on Medicare's coverage for smoking and tobacco use cessation, go to our website: [www.cms.hhs.gov](http://www.cms.hhs.gov) and select "Partner with CMS." Go to "News and Events." Select "New Preventive Services Information—Toolkit."



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## FREQUENTLY ASKED QUESTIONS SMOKING AND TOBACCO USE CESSATION

**Q** Why is smoking and tobacco use cessation counseling important?

**A** The 2004 U.S. Surgeon General's report lists many diseases that have been found to be caused by tobacco use including coronary heart disease, cerebrovascular disease, multiple cancers, pneumonia, chronic obstructive pulmonary disease, cough, bronchitis, cataracts, and low bone density in postmenopausal women. Approximately 440,000 people die annually from smoking related disease, with 300,000 of those deaths in those age 65 and older. Of those people age 65 years and older, it is estimated that 9.3 percent smoke cigarettes.

**Q** How will Medicare's new coverage for smoking and tobacco use cessation help me stay healthy?

**A** The U.S. Surgeon General has reported that quitting smoking leads to significant risk reduction and other health benefits, even in older adults who have smoked for years.

**Q** Are all people with Medicare eligible to get coverage for smoking and tobacco use cessation?

**A** People with Medicare who have an illness caused or complicated by tobacco use, including heart disease, cerebrovascular disease, multiple cancers, lung disease, weak bones, blood clots, and cataracts can get coverage for smoking and tobacco use cessation counseling. These diseases account for the bulk of Medicare spending today. People with Medicare who take any of the many medications whose effectiveness is complicated by tobacco use—including insulin and some medicines for high blood pressure, blood clots and depression are also eligible.

**Q** When will Medicare begin covering smoking and tobacco use cessation?

**A** The new coverage became effective March 22, 2005.

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# FREQUENTLY ASKED QUESTIONS SMOKING AND TOBACCO USE CESSATION (cont.)

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**Q** What smoking and tobacco use cessation services are covered?

**A** Medicare will cover two levels of counseling: (1) shorter visits (3-10 minutes each); and (2) longer visits (longer than 10 minutes each). You and your doctor decide whether you need shorter or longer visits.

**Q** How often does Medicare cover smoking and tobacco use cessation counseling?

**A** Medicare will pay up to two cessation attempts per year. This means you can get up to eight, of either the shorter or longer counseling sessions each year. You and your doctor can choose between shorter or longer cessation sessions for each attempt.

**Q** Who can provide smoking and tobacco use cessation counseling services?

**A** Qualified physicians or other Medicare-recognized practitioners can provide these counseling services.

**Q** How much will I have to pay?

**A** You pay 20 percent of the Medicare-approved amount after you meet the yearly Part B deductible (\$110 for 2005).

**Q** Which of these services will be covered under Medicare Part A or Part B?

**A** Shorter and longer smoking cessation counseling services on an inpatient or outpatient basis are covered under Medicare Part B. Inpatient hospital stay primarily for the purpose of providing smoking cessation services won't be covered under Medicare Part A.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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# Introducing Medicare's New Coverage for Prescription Drugs



[www.libtool.com.cn](http://www.libtool.com.cn)



## Starting January 1, 2006

Medicare will soon be offering insurance coverage for prescription drugs through Medicare prescription drug plans. Insurance companies and other private companies will work with Medicare to offer these plans. These plans will help you save money on your prescription drug costs. Medical practice has come to rely more and more on new drug therapies to treat chronic conditions and out-of-pocket spending on drugs has increased dramatically.

In order to get this prescription coverage, you must choose and enroll in a Medicare prescription drug plan that meets your needs. Here's how you can get ready to take advantage of this new option.

- ✔ Look over your current health insurance coverage. Are prescription drugs covered? What are your out-of-pocket drug costs?
- ✔ Keep a list of the name, dosage, and cost of the prescriptions you use. Since different plans will cover different drugs, this will help you choose a plan that meets your prescription needs.
- ✔ If you have a limited income, check your mail this summer for an application to get extra help paying for a Medicare prescription drug plan. When you get this application, fill it out, and return it. Millions of people will qualify for a Medicare prescription drug plan with little or no premiums or deductibles, and low copayments. You might be one of them.
- ✔ If you have prescription drug coverage through a former employer or union, check with your benefits administrator. Medicare prescription drug coverage may be different for you.
- ✔ Read on to learn about Medicare prescription drug plans.

If you don't use a lot of prescription drugs now, you still should consider joining. As we age, most people need prescription drugs to stay healthy. For most people, joining now means you will pay a lower monthly premium than if you wait to join until later.

## Who can join?

Anyone with Medicare Part A **and/or** Part B can join a Medicare prescription drug plan offered in their area. If you are in a Medicare Advantage Plan (like an HMO or PPO), your plan may also offer drug coverage.

[www.libtool.com.cn](http://www.libtool.com.cn)

## When can I join?

If you currently have Medicare Part A **and/or** Part B, you can join a Medicare prescription drug plan between November 15, 2005 and May 15, 2006. If you join by December 31, 2005, your Medicare prescription drug plan coverage will begin on January 1, 2006, and you won't miss a day of coverage. If you join after that, your coverage will be effective the first day of the month after the month you join. If you join a Medicare prescription drug plan after May 15, 2006, you are likely to pay a higher monthly premium unless you currently have a drug plan that covers at least as much as a Medicare prescription drug plan. You will have to pay this higher premium as long as you have a Medicare prescription drug plan.

## How much does it cost?

Like other insurance, if you join, you will pay a monthly premium (generally around \$37 in 2006) and a yearly deductible (up to \$250 in 2006). You will also pay a part of the cost for your prescriptions, including a copayment or coinsurance. Costs will vary depending on which drug plan you choose. Some plans may offer more coverage and additional drugs for a higher monthly premium. If you have limited income and resources, and qualify for extra help, you may not have to pay a premium or deductible.

## When can I get more information?

Detailed information about Medicare prescription drug plans in your area will be available in the fall of 2005. Throughout 2005, Medicare will provide general information to help you get ready, including how to choose and join a plan that meets your needs. **In the fall of 2005,**

- you will get the “Medicare & You 2006” handbook in the mail. It will list the Medicare prescription drug plans available in your area.
- you will be able to get free personalized information at [www.medicare.gov](http://www.medicare.gov) on the web, or by calling 1-800-MEDICARE (1-800-633-4227) to help you choose the plan that meets your needs.
- you can get free personalized counseling from your State Health Insurance Assistance Program (SHIP), and other local and community-based organizations. Call 1-800-MEDICARE to get the telephone number of the SHIP nearest you.

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# Everyday Choices For A Healthier Life



This pocket contains additional materials including:

- Medicare's New Preventive Services Poster
- *Everyday Choices for a Healthier Life*—a brochure from the ACS, ADA, AHA

For more information on Medicare's preventive benefits and downloadable copies of materials in this kit go to our website: [www.cms.hhs.gov](http://www.cms.hhs.gov) and select "*Partner with CMS.*" Go to "*News and Events.*" Select "*New Preventive Services Information—Toolkit.*"

## In the Fight Against Disease, Knowledge is Power.

You make everyday choices to protect yourself and your family from danger.

But what are you doing to protect yourself from diseases such as cancer, diabetes, heart disease, and stroke?

[www.libtool.com.cn](http://www.libtool.com.cn)

Each year, nearly 1.5 million people die from these diseases. That's approximately two out of every three deaths.

The American Cancer Society, American Diabetes Association, and American Heart Association want you to know that by taking charge of your everyday choices, you can help reduce your own and your family's risk of cancer, diabetes, heart disease, and stroke.

## Eat Right.

### Get Active.

### Don't Smoke.

### See Your Doctor.

### And Live.

We can give you the information you need to help prevent cancer, diabetes, heart disease, and stroke. Visit [www.everydaychoices.org](http://www.everydaychoices.org) or call 1-866-399-6789 for more information.

Visit [www.everydaychoices.org](http://www.everydaychoices.org)  
or call 1-866-399-6789  
for more information.

American Cancer Society  
1.800.ACS.2345  
[www.cancer.org](http://www.cancer.org)

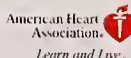
American Diabetes Association  
1-800-DIABETES  
[www.diabetes.org](http://www.diabetes.org)

American Heart Association  
1-800-AHA-USA1  
[www.americanheart.org](http://www.americanheart.org)

# Everyday Choices For A Healthier Life



*Make the choice to help prevent cancer, diabetes, heart disease, and stroke.*



## FORTIFY YOUR HEALTH WITH A NUTRITIOUS DIET.



- Eat at least five servings of fruits and vegetables each day. They're nutritious, low in calories, and high in fiber.
- Watch out for saturated fat and cholesterol.
  - Choose fish, chicken, turkey, and lean cuts of beef and pork.
  - Choose beans or soy.
  - Choose fat-free or low-fat products, including fat-free and low-fat cheeses, and other dairy products. Gradually switch to fat-free milk.
- Use less fat in cooking. Bake, broil, grill, boil, steam, poach, or microwave foods instead of frying them.
- Watch portion sizes, especially of foods high in fat and sugar.
- To lose weight, eat fewer calories and burn more by increasing your activity level.

## SECURE YOUR WELL-BEING THROUGH PHYSICAL ACTIVITY.



- Be physically active to manage your weight, look and feel better, and reduce your risk of serious diseases.
- Be active for at least 30 minutes five days a week or more.
  - Don't have 30 minutes? Do three 10-minute sessions or two 15-minute ones throughout the day.

## SHIELD YOURSELF FROM TOBACCO.



Tobacco kills more than half of its users. Don't be one of its victims.

If you don't smoke, don't start.

- If you do smoke, quit. It won't be easy, but the right resources can help double your chances of success. Talk to your doctor or contact us.

## Take This List of Questions to Your Next Doctor's Appointment.

1. At my age, what screening tests should I have?
2. I've got a family history of (cancer/diabetes/heart disease/stroke). Is there a different schedule of screening tests I should follow?
3. With my family history, do I need to be more concerned about my diet? My weight? My physical activity level?
4. Am I at a healthy weight? What should I do to lose weight?
5. How much physical activity should I get? How can I get started?
6. What's the best way for me to stop smoking?

## FEND OFF DISEASE BY SEEING YOUR DOCTOR REGULARLY.



Many life-threatening diseases can be treated more effectively – or even prevented altogether. But you need a doctor's help.

- Be sure to ask about these screening tests recommended by the American Cancer Society, American Diabetes Association, and American Heart Association.

**Blood pressure check** – Check at each regular health care visit.

**Body Mass Index (BMI)** – Check at each regular health care visit.

**Clinical breast exam (CBE) and mammography** – Get a CBE every three years until age 40, then yearly with your mammogram.

**Pap test** – Get one every year from age 20 to 30; at age 30 and beyond, get screened every one to three years depending on the type of test and past results.

**Cholesterol check** – Starting at age 20, get tested every five years.

**Blood glucose (sugar) test** – Starting at age 45, have your fasting blood glucose checked every three years.

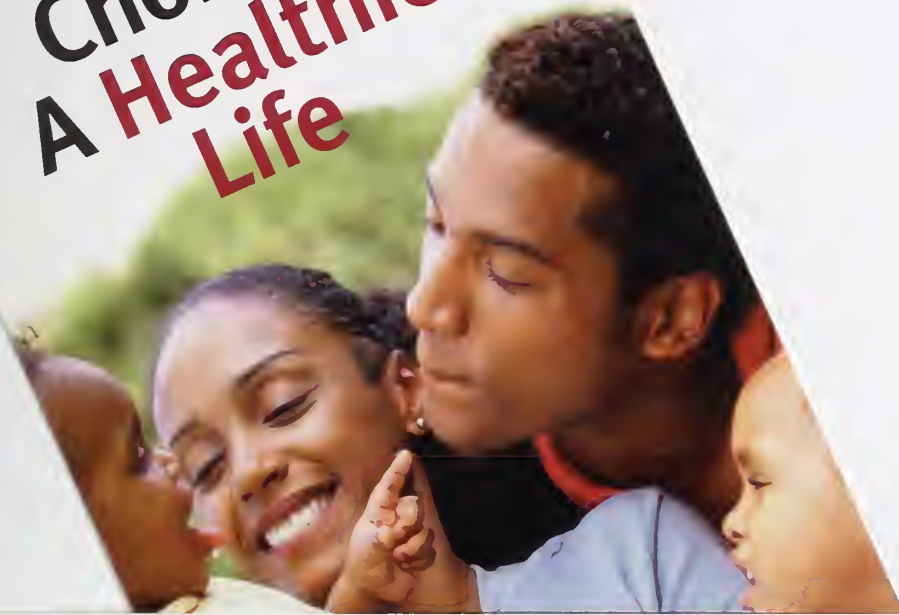
**Colon screening** – Starting at age 50, get screened every one to 10 years, depending on the type of test.

**Prostate exam** – Starting at age 50, ask your doctor about the pros and cons of testing.

[www.libtool.com.cn](http://www.libtool.com.cn)



# Everyday Choices For A Healthier Life



This pocket contains additional materials including:

- Medicare's New Preventive Services Poster
- *Everyday Choices for a Healthier Life*—a brochure from the ACS, ADA, AHA

For more information on Medicare's preventive benefits and downloadable copies of materials in this kit go to our website: [www.cms.hhs.gov](http://www.cms.hhs.gov) and select "*Partner with CMS.*" Go to "*News and Events.*" Select "*New Preventive Services Information—Toolkit.*"

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# A Few Minutes of Your Time Might Help Save Your Life



## Are You Aware of Medicare's New Preventive Services?

- "Welcome to Medicare" Physical Exam
- Cardiovascular Screening
- Diabetes Screening

**Find Out More! Call 1-800-MEDICARE**  
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# Spreading the Word About Medicare's New Preventive Services



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