

Medicare ‘Physicals’ are Not What You Expect

We get calls and emails throughout the year from Medicare subscribers who have traditionally had their physician perform a comprehensive annual physical. They are surprised after transitioning into Medicare, when they receive a bill from their doctor’s office indicating that they need to pay out of pocket for the physical exam they recently received. To the average individual reaching Medicare eligibility the “Welcome to Medicare” preventative visit, the “Annual Wellness” visits and annual physical examinations may sound like the same procedure, but they differ in when the benefits apply and how the benefits are paid.

- **Annual Physicals** are comprehensive examinations. At an annual physical a physician will typically:
 - Measure height and weight.
 - Take your blood pressure.
 - Measure BMI.
 - Review your medical and family history.
 - Assess your risk factors for preventable diseases.
 - Check vital signs.
 - Perform head and neck exam.
 - Perform lung exam.
 - Perform abdominal exam.
 - Perform neurological exam.
 - Test your reflexes.
 - Submit urine and blood samples for lab testing.

Medicare will not pay for this type of annual physical. A Medicare beneficiary can still choose to have this exam performed annually but will pay out of pocket for the service.



- **Welcome to Medicare preventative visit** only happens once and must be completed within 12 months of an individual’s enrollment in Medicare Part B. The goal is to determine the current state of an individual’s medical and social health history related to one’s overall health. The health care provider educates and counsels the new Medicare beneficiary on recommendations for preventive services. This appointment may include a questionnaire that checks for any cognitive impairment at the beneficiary’s request. If your provider accepts Medicare assignment, there are no copays or coinsurance and the Part B deductible does not apply unless the provider orders additional tests or services or any other items not covered by Medicare.

- **Annual Wellness visits** are available once each year after the second year following an individual’s enrollment in Medicare Part B. These visits serve the same purpose as the “Welcome to Medicare” visit but include any health history updates, detection of any cognitive impairment, personalized health advice, a list of any risk factors one may have and treatment options, and a screening schedule for preventive services. If your provider accepts Medicare assignment, coinsurance and the Part B deductible may apply if the provider performs additional tests or services during the same visit whether covered or not covered by Medicare.

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• These “Medicare Wellness” exams include the assessments, but none of the hands-on tests where the doctor physically touches you. Under Medicare, a doctor will only perform these types of services if there is a specific diagnosis or symptom that necessitates that type of examination. Other preventive services will be scheduled, but not performed, during your exam.



During a “Medicare Wellness” exam a physician will typically:

- Measure height, weight, blood pressure and other routine measurements.
- Review your medical and family history.
- Assess your risk factors and treatment options.
- Review Health Risk Assessment questionnaire
- Update your list of providers and prescriptions.
- Look for signs of cognitive impairment.
- Set up a screening schedule for appropriate preventive services.

• **The Medicare Advantage Exception:** Most Medicare Advantage (Part C) plans include an annual physical examination along with the preventive and screening services.

To get information on which preventative and screening services are covered by Medicare click the link below:

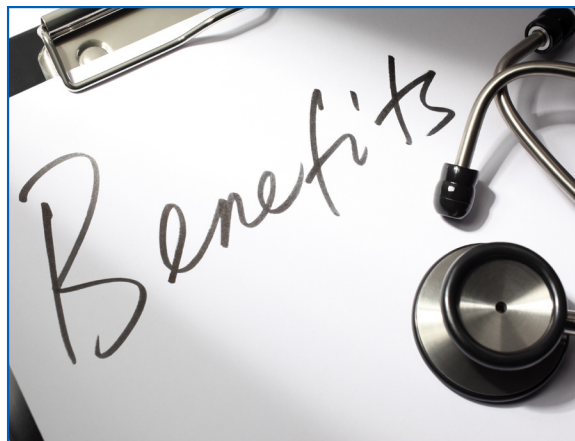
<https://www.medicare.gov/coverage/preventive-screening-services>.

BCBSM is Rolling Out a New Add-On Benefit for Medicare Supplement Plans

If you are enrolled in a BCBSM Medicare Supplement or Legacy Medigap plan you can enhance your overall coverage by enrolling in BCBSM's new, optional dental/vision/hearing package. If you choose the dental/vision/hearing package, it will be added to your Blue Cross Medicare Supplement or Legacy Medigap plan premium. The dental/vision/hearing package is available now and will take effect April 1.

- Individuals must have an active Blue Cross Medicare Supplement or Legacy Medigap plan.
- Individuals must not have dental, vision, or hearing coverage through another individual plan.
- \$15.25/month premium.
- No waiting period.
- \$0 annual deductible.
- Click here for details on the package benefits: mdaprograms.com/medicare-bcbsm-dental-vision-hearing-package-services/
- Click here to enroll electronically: bcbsmimedsupp1.destinationrx.com/PC/2021/Enrollment/GenericForm/ContactInfo If you a

If you have questions, please call us at 877-906-9924.



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Prescription Drug Prices

A recently released study by the Rand Corporation compared 2018 prescription drug prices in the United States to prices internationally.

The findings indicated that U.S. prices were 256% higher than the other 32 comparison countries which make up the Organization for Economic Co-operation and Development (OECD). The one exception was unbranded generic drugs, for which U.S. prices were 85% higher than comparative countries.

In comparison to individual countries, U.S. prices ranged from 170% higher than prices in Mexico to 779% higher than prices in Turkey. This gap between U.S. prices and comparative countries was largest for brand-name drugs.

Even after adjusting prices downward to account for discounts, which are negotiated between insurance companies and pharmacies, charges for brand-name drugs in the U.S. are still substantially higher than for those in the other countries.

The U.S. accounted for 58% of the \$795 billion spent on prescription drugs among the OECD nations in 2018, while making up just 24% of the drugs used.

Drug spending nationally increased 76% between 2000 and 2018 and is expected to increase even faster over

the next decade as new, more expensive specialty drugs are approved.

According to the Congressional Budget Office the U.S. government spent \$796.2 billion on Medicare in 2019 and \$97.1 billion of that was attributed to prescription drugs.

In the short term it doesn't look like any relief will be coming any time soon. When you combine a divided Congress and an antagonistic atmosphere, with a pharmaceutical industry that will emerge from the COVID pandemic looking like a hero for their fast action in developing vaccines there appears to be little appetite within the Administration or Congressional leadership to take on the pharmaceutical industry at this time.



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Beware of COVID Vaccination Scams

Scammers are rapidly altering their tactics and adapting their schemes to target the COVID-19 vaccine and prey on unsuspecting Medicare beneficiaries. Be vigilant and protect yourself from potential fraud concerning COVID-19 vaccines and treatments. Here's what you need to know about the COVID-19 vaccine:

1. The Better Business Bureau is warning the public not to show other folks their COVID vaccination card either in public or in photos on social media as they celebrate receiving their COVID vaccine. The vaccination card lists a person's date of birth and their first and last name. That is all the information some scammers need to try to open up credit cards, buy cell phones, go shopping, etc.

2. You will not pay anything out of pocket to get the vaccine during this public health emergency.

3. You can't pay to put your name on a list to get the vaccine.



4. You can't pay to get early access to the vaccine.

5. No one who is legitimate will call you about the vaccine and ask for your Social Security, bank account, or credit card number.

6. No one from Medicare, the health department, a vaccine distribution center or a health insurance company will contact you to ask for your Social Security number, your credit card or bank account information to sign you up to get the vaccine.



3657 Okemos Road, Suite 100

Okemos, MI 48864-3927

877-906-9924 • Fax: 517-484-5460 or 517-999-4447

Rick Seely
Account Executive
Ext. 411
rseely@mdaifg.com

Lisa Sillman
Health & Life Representative
Ext. 450
lsillman@mdaifg.com

Tina Voss
Director, Health & Life Operations
Ext. 479
tvoss@mdaifg.com

Visit us online at mdaprograms.com.