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*RSVP helps meet the critical human needs of Montgomery County through volunteerism*

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## **What's New in Medicare for 2011?**

The Affordable Care Act that was signed into law March, 2010 made several important changes to Medicare's coverage of preventive services.

Being proactive about your health is the most important thing you can do for yourself. Everyone knows the benefits of exercising, eating well, keeping a healthy weight and not smoking. It goes without saying that living a healthy lifestyle has big payoffs toward quality of life. Another important step you can take to ensure your good health is to have regular check ups with your health care provider. Preventive services help physicians find any problems early and enables you to keep up with vaccinations.

Medicare just expanded the benefit of receiving a one-time "Welcome to Medicare" physical exam. As of January 1, 2011, if it has been 12 months since your initial "welcome" exam and you have had Part B coverage for longer than 12 months, you are entitled to a yearly wellness visit so that you, along with your physician, can develop a personal prevention plan to keep you on the road toward better health.

Great news!: Maintaining your health will now cost you less. The cost sharing for most preventive services has been eliminated. Medicare recipients will have NO cost to receive the following preventive services:

- Mammograms - annually
- Cervical screenings – every 24 months or more often if high risk
- Prostate cancer screenings -- annually
- Colorectal cancer screenings – fecal occult blood annually; flexible sigmoidoscopy every 24 months
- Diabetes screenings – annually or biannually if at risk
- Cholesterol and other cardiovascular screenings -- once every five years. May be ordered more frequently if there are risk factors
- Medical nutrition therapy to help manage diabetes or kidney disease – see guidelines
- Annual flu vaccine – as needed

- Pneumonia vaccine – as needed
- Hepatitis B vaccine – as needed
- Bone mass measurement -- Once every 24 months if medically necessary for those at risk
- Abdominal aneurysm screening -- one time screening for those at risk
- HIV screening -- once every 12 months or up to 3 times during pregnancy for those at risk or who ask for the test.

Medicare has posted the details of who and what is covered as well as how often on their website: [www.medicare.gov](http://www.medicare.gov). If you have a managed plan, such as an HMO, please check with the provider of your insurance or your explanation manual to learn if there are costs.

Income and asset limits to qualify for the Low Income Subsidy (LIS) prescription plan have been announced. You may be eligible for total or partial help. Those qualifying can apply for this plan at any time during the year. If you do qualify, you will not be subject to the “donut hole” lapse in coverage.

If you are single and have a monthly income of less than \$1,361 and assets less than \$12,640 or if you are married and have a total monthly income of \$1,839 and assets less than \$25,260 you may qualify to receive help.

To complete an application, call (800) 866-1807 Monday-Friday from 9-5. A representative will help you complete the application. It is advised to have the following information available. The current value of your bank account(s), including savings and checking, stocks, bonds or real estate other than your home.

Navigating through Medicare options can be very intimidating. It's important to make the right decisions as it affects your health care coverage. RSVP has been providing the community with state-trained Apprise Medicare counselors for more than a decade. Sessions are free and completely confidential. Regularly scheduled meetings are posted on RSVP's website ([www.rsvpmc.org](http://www.rsvpmc.org)) or consumers can call 610-834-1010, ext. 20 to schedule an appointment (this is a message only phone) someone will get back to you.