

M E D I C A R E

Mammography Screening—Continued

Am I at high risk for breast cancer?

Simply getting older increases breast cancer risk. The older you are, the greater your chance of getting breast cancer. However, several factors that could place you at higher risk include:

- ⊕ If you had breast cancer before;
- ⊕ If you have a family history of breast cancer—that is, a mother, sister, daughter or two or more close relatives who had breast cancer; or
- ⊕ If you had your first baby after the age of 30, or if you never have had a baby.

How do I get more information about breast cancer and mammography screening?

Discuss breast cancer risk or screening with your doctor, or call the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER.

Pap Smear and Pelvic Exams—Continued

How often will Medicare cover a Pap smear and pelvic exam?

A Pap smear and pelvic exam are covered by Medicare once every 3 years. However, if you are a woman of child bearing age and have had an abnormal Pap smear within 3 years, or you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap smear and pelvic exam every year.

Who is at high risk for cervical or vaginal cancer?

Risk for cervical cancer is increased if you have had an abnormal Pap test, if you have had cancer before, or if you have been infected with the human papilloma viruses (HPVs). If you began having sexual intercourse before the age of 16, or if you have had many sexual partners, you also have a greater cervical cancer risk. Risk for vaginal cancer is increased for daughters of women who took DES during pregnancy.

Colorectal Cancer Screening—Continued

Who is eligible to get a colorectal screening?

Beneficiaries aged 50 or older are eligible for colorectal screenings. However, in the case of colonoscopies, there is no age limit.

How often will Medicare cover colorectal exams?

A fecal occult blood test is covered once per year and a sigmoidoscopy once every 4 years. If you are at high risk for colorectal cancer, Medicare covers a colonoscopy or a barium enema every 2 years.

Who is at high risk for colorectal cancer?

After age 40, colorectal cancer risk increases with age and throughout life. Your risk is greater if you have a history of inflammatory bowel disease, colorectal cancer, or polyps. You are also at greater risk if you have a family history of colorectal cancer or polyps, or have certain hereditary syndromes.

Flu, Pneumonia and Hepatitis B Vaccinations—Continued

How often will Medicare cover these vaccinations?

Medicare pays for a flu shot every year. You should get one each year between October and December. Medicare will also pay for a pneumonia shot, which you should get by age 65. Most people only need to get this shot once in their lifetime. Medicare will pay for a Hepatitis B shot if you are at high or intermediate risk for Hepatitis B.

Who is at risk for flu, pneumonia, or Hepatitis B?

Flu and pneumonia infections can be life-threatening for elderly people. All adults 65 and older should get flu and pneumonia shots. Those at high or intermediate risk for Hepatitis B include individuals with end-stage renal disease or hemophilia.

Medicare Preventive Services...

...To Help Keep You Healthy

There are steps you can take to lower your risk of disease and illness. Medicare is providing coverage for these preventive services to help you stay healthy. Medicare will cover:

- ⊕ Tests for breast cancer, cervical cancer, vaginal cancer, and colorectal cancer;
- ⊕ Bone mass measurements;
- ⊕ Diabetes monitoring and diabetes self-management; and
- ⊕ Flu, pneumonia, and Hepatitis B shots.

These new, valuable benefits from Medicare may be the key to long lasting good health. Talk with your doctor about your risk of developing these health problems and your need for these preventive services.

This pamphlet includes:

- ⊕ A chart that explains which preventive services are covered by Medicare, for whom they are covered, and what you pay.
- ⊕ Cards with more detailed information on some of the preventive benefits. You can tear these out and put them on your calendar or refrigerator as a reminder, or you can take them to your doctor so that you can talk about the preventive services that Medicare covers.



Medicare Preventive Services — Added Benefits to Help You Stay Healthy

Covered Service	Eligible Beneficiaries	What You Pay
Screening Mammogram: Once per year.	All female Medicare beneficiaries age 40 and older.	20% of the Medicare approved amount with no Part B deductible.
Pap Smear and Pelvic Examination: (Includes a clinical breast exam) Once every three years. Once per year if you are high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap smear in the preceding three years.	All female Medicare beneficiaries.	No coinsurance and no Part B deductible for the Pap smear (clinical laboratory charge). For doctor services and all other exams, 20% of the Medicare approved amount with no Part B deductible.
Colorectal Cancer Screening: Fecal Occult Blood Test Once every year.	All Medicare beneficiaries age 50 and older. However, there is no age limit for having a colonoscopy.	No coinsurance and no Part B deductible for the fecal occult blood test. For all other tests, 20% of the Medicare approved amount after the annual Part B deductible.
Flexible Sigmoidoscopy Once every four years.		
Colonoscopy Once every two years if you are high risk for cancer of the colon.		
Barium Enema Doctor can substitute for sigmoidoscopy or colonoscopy.		
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, lancets, and self-management training.	All Medicare beneficiaries with diabetes (insulin users and non-users).	20% of the Medicare approved amount after the annual Part B deductible.
Bone Mass Measurements: Varies with your health status.	Certain Medicare beneficiaries at risk for losing bone mass.	20% of the Medicare approved amount after the annual Part B deductible.
Vaccinations: Flu Shot Once per year. Pneumococcal Vaccination: Once may be all you ever need — ask your doctor. Hepatitis B Vaccination: If you are at high or intermediate risk for hepatitis.	All Medicare beneficiaries.	No coinsurance and no Part B deductible for flu or pneumococcal vaccinations. For Hepatitis B vaccination, 20% of the Medicare approved amount after the Part B deductible.

Medicare Preventive Services

Colorectal Cancer Screening

Which colorectal screening benefits are covered under Medicare?

Medicare covers:

- ⊕ A screening fecal occult blood test (FOBT),
- ⊕ Flexible sigmoidoscopy, and
- ⊕ Screening colonoscopy.

The FOBT and the flexible sigmoidoscopy are considered to be general preventive screenings. However, if you are at high risk for colorectal cancer, Medicare will cover a screening colonoscopy. Medicare also covers a barium enema if your doctor decides that a barium enema should be performed instead of a flexible sigmoidoscopy or screening colonoscopy. (over)



Call 1-800-4CANCER for more health information.

Medicare Preventive Services

Mammography Screening

Which breast cancer screening benefits are covered under Medicare? How often are they covered?

Medicare will pay for a mammogram each year. Regular mammography screenings can save your life.

Who is eligible to receive a mammography screening?

All female Medicare beneficiaries aged 40 or older are eligible for mammography screenings every year. Medicare also pays for one mammography screening for female Medicare beneficiaries between ages 35 and 40. (over)



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Medicare Preventive Services

Flu, Pneumonia, and Hepatitis B Vaccination

Which preventive vaccinations are covered by Medicare?

Flu shots, pneumonia shots, and Hepatitis B shots are covered by Medicare. Flu, pneumonia, and hepatitis can be life threatening to the elderly.

Who is eligible to receive the vaccinations?

All Medicare beneficiaries are eligible for flu shots and pneumonia shots. Hepatitis B shots are covered only for persons at risk for Hepatitis B, such as those with end-stage renal disease or hemophilia.

(over)



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Medicare Preventive Services

Pap Smear and Pelvic Exams (Includes Clinical Breast Exam)

Does Medicare cover screenings to find cervical and vaginal cancers?

Medicare covers Pap smears and pelvic exams to check for cervical and vaginal cancers. In addition to the pelvic exam, a clinical breast exam is also covered to check for breast cancer.

Who is eligible to receive Pap smears and pelvic exams?

All female Medicare beneficiaries are eligible. (over)



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What is HCFA doing in the realm of health promotion and disease prevention?

- ◆ We are fortunate that Congress passed legislation in the 1997 Balanced Budget Act that allows Medicare to pay for more preventive services. Medicare now helps to pay for:
 - Screening Mammograms
 - Pap Smears and Pelvic Exams
 - Colorectal Cancer Screening
 - Diabetes Monitoring
 - Bone Mass Measurements
 - Vaccinations for Flu, Pneumonia and Hepatitis B
- ◆ A summary of these preventive benefits and what Medicare covers appeared in Medicare and You and we now have a stand alone summary of the benefits (See “Medicare Preventive Services” at Tab A. This document can be obtained by calling Medicare Hotline at 1-800-638-6833). As you can see from this publication, we have developed some perforated cards with questions and answers related to the new Medicare benefits. When we did focus group testing, we found that beneficiaries preferred to be able to take a card with basic information so that they could talk to their doctor about the tests.
- ◆ Key message on all publications: “And its important to talk to your doctor about all of these new benefits to see if they are right for you!”
- ◆ HCFA is interested in promoting more than the insurance coverage for these preventive services. We also want to promote healthy aging and beneficiaries taking an active role in their health.
- ◆ Not one of the Medicare preventive benefits is being promoted without the involvement of another Federal agency, primarily Centers for Disease Control and Prevention (CDC), the National Cancer Institute at NIH, the Administration on Aging, the National Institutes on Aging, or the Agency for Health Care Policy and Research.
- ◆ We are doing specific prevention campaigns in the following areas:
 - Screening Mammograms (see Tab B);
 - Pap Tests (see Tab C);
 - Colorectal Cancer Screening (see Tab D);
 - Diabetes Monitoring (see Tab E); and
 - Vaccinations (flu and pneumonia) (see Tab F).

◆ Prevention Campaigns that are currently in the development phase include:

- Bone Mass Measurements: We are in our earliest stage of developing the educational messages for bone mass measurement, specifically for Osteoporosis. We are working with other Federal agencies, the National Osteoporosis Foundation and an organization called Strong Women Inside and Out to develop the educational materials.
- End-Stage Renal Disease and the Adequacy of Hemodialysis: HCFA is revising its information in the brochure "It's Your Life...Know Your Number" to assist hemodialysis patients in understanding the adequacy of their dialysis treatment.

◆ Other campaigns include:

- Qualified Medicare Beneficiary (QMB)/Specified Low-income Medicare Beneficiary (SLMB) (see Tab G); and
- Maternal Aids HIV Consumer Information (see Tab H).

◆ In addition, HCFA has recently awarded a contract to the RAND Corporation for a Healthy Aging Project to use the best available science to identify what works to promote health and prevent functional decline in older populations. The Healthy Aging Project will examine whether health promotion interventions have a measurable impact on behavior change, health status, functional status, quality of life, use of services, consumer satisfaction, or cost of care. The project will also identify ways to improve promotion on the use of Medicare clinical preventive services, such as flu shots, colorectal cancer screening, and mammograms.

◆ Although we at Federal agencies may be able to **plan** Nationally, we need other key partners to **implement** locally.

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B

Divider Title: _____

Screening Mammograms:

Medicare now helps to pay for an annual screening mammogram.

Women ages 65 and older are the most likely to have breast cancer and are the least likely to get screening mammograms.

The Health Care Financing Administration and the National Cancer Institute have launched a joint campaign to explain Medicare's expanded mammography screening coverage and the importance of regularly scheduled mammograms for older women. New mammography publications featuring older women and the Medicare message have been developed and are being distributed through HCFA'S Regional Offices and NCI's Cancer Information Service. Breast cancer and mammography screening information is available through NCI'S Cancer Information Service at 1-800-4-CANCER or under the Wellness section of www.Medicare.gov. The tag line on the mammography materials is "NOT JUST ONCE, BUT FOR A LIFETIME". We want to promote this benefit all year not just in October during Breast Cancer Awareness Month. HCFA also collaborates with CDC, the Office of Women's Health and other Federal agencies. HCFA conducts the Multi-City Mammography Pilot Project designed to create locally initiated and locally owned breast cancer awareness programs. The project focuses on reducing mortality rates, increasing interest in screening every year, increasing utilization of the benefit by Hispanic and African-American Medicare beneficiaries.

To learn more about mammograms,
call the National Cancer Institute's

Cancer Information Service at

1-800-4-CANCER

(1-800-422-6237).

People with TTY equipment,

dial **1-800-332-8615**.

Visit NCI's Web site for patients and
the public at

<http://www.nci.nih.gov>.

For Medicare information, call **1-800-638-6833**

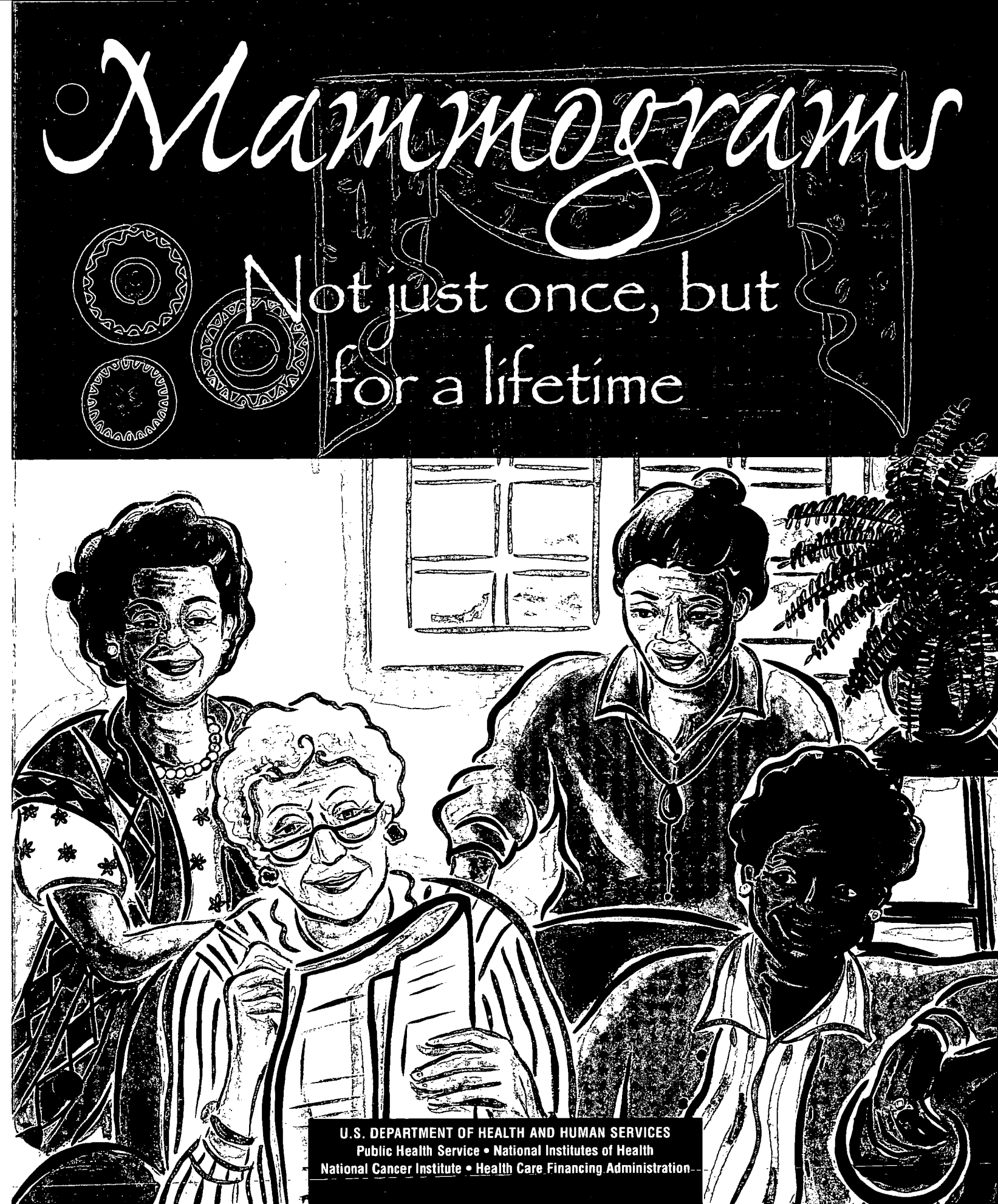
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NATIONAL
CANCER
INSTITUTE

HCFHA
MEDICARE • MEDICAID
Health Care Financing Administration



What is a mammogram and why should you have one?

A mammogram is an x-ray picture of the breast. It can find breast cancer that is too small for you or your doctor or nurse to feel. Studies show that if you are in your forties or older, having a mammogram every 1 to 2 years could save your life.

How do I know if I need a mammogram?

Talk with your doctor about your chances of getting breast cancer. Your doctor can help you decide when you should start having mammograms and how often you should have them.

Why do I need a mammogram every 1 to 2 years?

As you get older, your chances of getting breast cancer get higher. Cancer can show up at any time — so one mammogram is not enough. Decide on a plan with your doctor and follow it for the rest of your life.

If you find a lump or see other changes in your breast, see your doctor right away.

How is a mammogram done?

Mammograms are quick and easy. You simply stand in front of an x-ray machine. The person who takes the x-rays places your



breast between two plastic plates. The plates press your breast and make it flat. This may be uncomfortable for a few seconds, but it helps get a clear picture. You will have x-rays taken of each breast. A mammogram takes only a few seconds.

Where can I get a mammogram?

To find out where you can get a mammogram:

- Ask your doctor or nurse.
- Ask your local health department or clinic.
- Call the National Cancer Institute's Cancer Information Service at **1-800-4-CANCER** (1-800-422-6237).



*Medicare helps pay for yearly mammograms.
For Medicare information, call 1-800-638-6833.*

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C

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Call your family doctor or local medical clinic
TODAY for a Pap test appointment.

My appointment for a Pap test:

Date: _____

Time: _____

Place: _____

Telephone: _____

For Medicare information, —
call 1-800-638-6833
or visit the web site at <http://www.medicare.gov>.



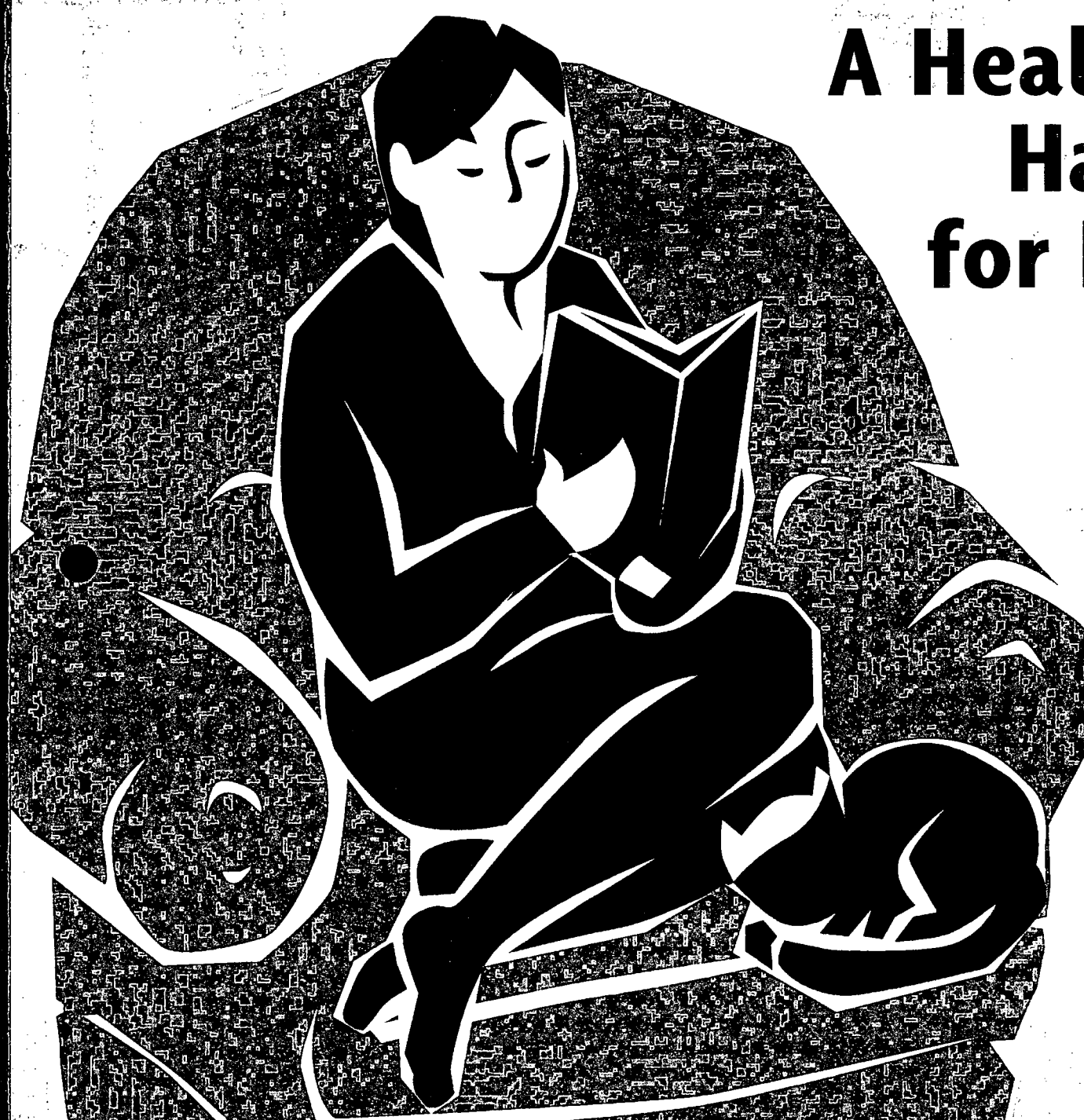
NIH Publication No. 98-3213V/H
September 1998
(RL-3)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

H345

Pap Tests

**A Healthy
Habit
for Life**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service * National Institutes of Health
National Cancer Institute * Health Care Financing Administration

Get your appointment for a Pap test today!

1. Could I have cancer of the cervix and not know it?

YES—often there is no pain.

And this kind of cancer kills many women every year.

2. What does that mean for me?

It means get a Pap test.

A Pap test can find cancer early.

If it's found early, it's easier to cure.

3. How often should I get a Pap test?

Get a Pap test every year.

4. How is the Pap test done?

The nurse or doctor wipes a swab on the cervix in your vagina.

This takes only a few seconds.

5. Where do I get a Pap test?

- Family doctor
- OB/GYN
- Medical clinic
- Local health department

6. Who needs to have a Pap test?

You do if:

- You are **over 18**; or
- You are **18 or under** and have sex

There is no upper age limit for the Pap test.

Even women who have gone through the change of life (menopause) need a Pap test every year.

7. Why is a Pap test important to me?

Because it can tell if you have cancer of the cervix early—while it's still easier to cure.

It can save your life!

Medicare helps pay for a Pap test once every 3 years.

For more information on the Pap test, call the National Cancer Institute's toll-free Cancer Information Service at 1-800-422-6237.

Turn Page



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D

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Colorectal Cancer Screening:

On March 3, HCFA launched a national campaign to educate Americans 50 and older about colorectal cancer - the nation's number two cancer killer. The campaign was developed in conjunction with the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) under the umbrella of "Screen for Life". We are emphasizing the importance of colorectal cancer screening tests for early detection and prevention of the disease.

Colorectal Cancer Screening Tests Can Save Lives.

And now, Medicare helps pay for them.

Colorectal cancer (cancer of the colon or rectum) is the second-leading cancer killer in the U.S. Screening tests can detect colorectal polyps, which are small growths that may become cancer if not removed. Screening tests also can find colorectal cancer early, when there may not be any symptoms and when treatment can be most effective.

Medicare understands the importance of colorectal cancer screening and provides coverage for these tests for beneficiaries.

Talk with your doctor about your screening options.



1-800-4-CANCER ■ TTY 1-800-332-8615
NCI's Cancer Information Service



Visit www.cdc.gov/cancer/screenforlife ■ www.medicare.gov

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Los Exámenes Para Detectar el Cáncer Colorrectal Pueden Salvar Vidas.

Y ahora, Medicare le ayuda a pagarlos.

El cáncer colorrectal es un cáncer que ocurre en el colon o en el recto. Este cáncer es la segunda causa de muerte por cáncer en los Estados Unidos. Hay exámenes que pueden detectar pólipos, crecimientos pequeños que podrían convertirse en cáncer si no se remueven. Los exámenes de detección también pueden descubrir el cáncer en sus primeras etapas, cuando aún no tenga síntomas y el tratamiento pueda ser más efectivo.

El Medicare entiende la importancia de la detección temprana del cáncer colorrectal y ayuda a sus beneficiarios a pagar parte del costo de estos exámenes.

Hable con su médico acerca de sus opciones de detección.



1-800-422-6237 (1-800-4-CANCER) ■ 1-800-332-8615 (TTY/Audición)
Servicio de Información sobre el Cáncer del Instituto
Nacional del Cáncer.



Visite www.cdc.gov/cancer/screenforlife ■ www.medicare.gov

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Diabetes Monitoring: HCFA is working with the National Institute of Diabetes and Digestive and Kidney Diseases to develop a strategy for educating beneficiaries on diabetes monitoring. We have developed a brochure that will be used in association with a TV spot which will be used throughout the country.

Here's how to make sure your Medicare diabetes medical supplies are covered.

- If you receive glucose monitor supplies from a supplier without asking for them, Medicare will not pay the cost, nor should you pay for supplies you did not request.
- Medicare requires you or your caregiver to specifically ask for a refill of your supplies (such as strips, lancets, or control solution) before they are sent to you. The supplier may not automatically send supplies to you.
- Automatic shipments of glucose monitor supplies cause waste if you haven't used the supplies you already have at home. Eliminating waste saves you money and also helps to protect the Medicare program.

Do not accept supplies that are automatically sent to you. Report this practice to your Medicare Durable Medical Equipment Regional Carrier by calling:

1-800-842-2052

For additional Medicare information visit the Medicare web site: **www.medicare.gov**

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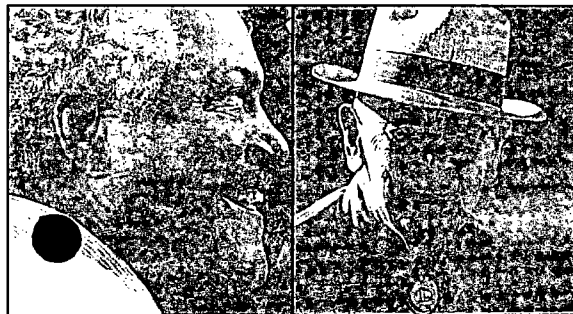
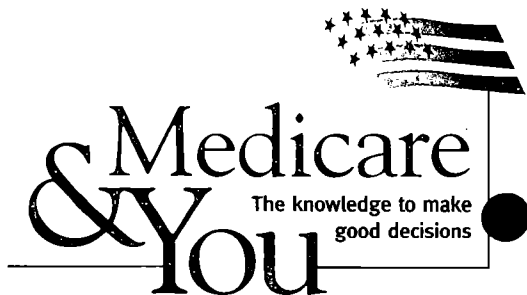
**Today's Medicare Has
More To Offer You.**

Now! Expanded Coverage for Diabetes



HCFA
MEDICARE • MEDICAID

Health Care Financing Administration



Did you know...

Medicare now includes coverage for:

- Glucose monitors
- Test strips
- Lancets.

Who benefits?

All Medicare beneficiaries with diabetes (insulin treated and noninsulin treated).

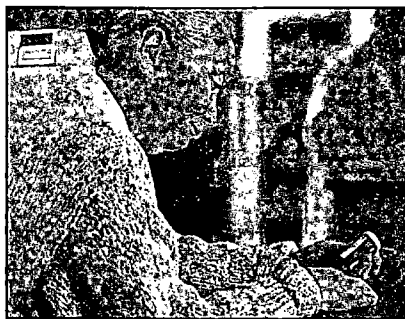
What do you pay?

20% of the Medicare-approved amount after the annual Part B deductible.

Here's how to get your supplies.

With your doctor's prescription you can go to:

- Your local pharmacy
- Some grocery stores
- Your durable medical equipment supplier. Check your local yellow pages for listings.



EXPANDED MEDICARE COVERAGE FOR DIABETES

Medicare now includes coverage for glucose monitors, test strips and lancets. All Medicare beneficiaries with diabetes (both insulin treated and non-insulin treated) are eligible. You pay 20 percent of the Medicare-approved amount after the annual Part B deductible.

To get your equipment and supplies, take your doctor's prescription to:

- your local pharmacy
- your hospital or clinic pharmacy
- your durable medical equipment supplier.

Check your local yellow pages for listings of these organizations.

**For more information about diabetes and new Medicare benefits
call 1-800-438-5383 or visit the Medicare web site at www.medicare.gov**

Vaccinations (flu and pneumonia):

HCFA has been conducting national campaigns to promote the flu vaccine since 1993 and the pneumonia vaccine since 1995. These annual campaigns, which target both providers and beneficiaries, are collaborative efforts with CDC and the National Coalition for Adult Immunization.

Here are two things you won't get from a flu shot.

1. The flu.

You can't get the flu from a flu shot.

2. The bill.

Your flu shot is free, if you are enrolled in Medicare Part B and your health care provider accepts Medicare assignment.



My flu shot appointment is on _____ Date

Remember!

at _____ Time

- **Do I need a flu shot every year?**

Yes, because the flu virus changes every year.

- **How serious is the flu?**

The flu can be serious for people over 65. It can lead to dangerous—and costly—health problems.

- **When should I get my flu shot?**

The best time is in the fall, before flu season starts.

By getting your shot, you'll also avoid spreading the flu to loved ones.

You can protect yourself from some pneumonia infections by getting a pneumococcal shot. One shot may be all you ever need—ask your doctor.

HMO members:

Most members must get their flu and pneumococcal shots from their HMO. Check with your HMO.

Note: People allergic to eggs should consult their health care provider before getting a flu shot.

Remember, Medicare Part B pays for both the flu and pneumococcal shots if you are enrolled in Medicare Part B and your health care provider accepts Medicare assignment.

**GET THE FLU SHOT.
NOT THE FLU.**

Contact your health care provider today!



Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

G

Divider Title: _____

Qualified Medicare Beneficiary (QMB)/Specified Low-income Medicare Beneficiary (SLMB):

Some low income beneficiaries may not have Part B Medicare and the preventive services are covered by Part B. HCFA is working with the States and with the Social Security Administration to promote the eligibility of these programs to those with limited resources and income to pay for some Medicare expenses.

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H

Divider Title: _____

Maternal Aids HIV Consumer Information: HCFA is conducting a consumer information project which involves the development and dissemination of informational materials to alert Medicaid-eligible, HIV-infected women, pregnant women, and women of childbearing age to the benefits and implications of AZT therapy and to assist them in making informed decisions about AZT therapy.

Mammograms

Not just once, but
for a lifetime



Mammograms

Not just once, but
for a lifetime

You are never too old to
get regularly scheduled
mammograms.

Cancer can show up at any
time—so one mammogram
is not enough.

**Medicare helps pay for
yearly mammograms.**

For Medicare information,
call **1-800-638-6833**.

For information on breast
cancer and mammograms,
call NCI's Cancer
Information Service at

**1-800-4-CANCER
(1-800-422-6237).**

How Do I Apply for These Programs?

If you think you qualify, you should do the following:

- Contact your State, county, or local medical assistance office. In some States, it could be your local social services office or your local Agency on Aging.
- When you call, ask for information on programs that help pay your Medicare Part B premium or ask how you can get help paying for some of your Medicare expenses.
- Ask for an application.
- Ask what documents you will need.
- Ask if you must apply in person or if you can do it by phone or mail.
- Complete and return the application with necessary documents.

What Documents Do I Need to Apply?

You may often need the following documents when you apply, but it is best to call your State to find out exactly what you will need. Gather these documents **BEFORE** your first meeting or visit with your State,

county, or local medical assistance office and take them with you to avoid making more than one visit.

- ☒ Proof that you have Medicare Part A
- ☐ Recent bank statements
- ☐ Property deeds
- ☐ Insurance policies
- ☐ Financial statements from any stocks or bonds you may own
- ☐ Proof of any funeral or burial policies you may have
- ☐ Proof of identity
- ☐ Proof of residence
- ☐ Proof of any income pension check, social security payment, etc.

Where Do I Get More Information About These Programs?

For more information about these programs, call your State, county, or local medical assistance office. Check your phone directory for the office nearest you. You can find these offices listed under Medicaid, Social Services, Medical Assistance, Public Assistance, Human Services or Community Services or call 1-800-638-6833 to speak to a representative from HCFA that will help you in finding the phone number in your State.

Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300

Publication No. HCFA 02184
Revised October 1998

Medicare

Savings for Qualified Beneficiaries



Help in Paying Medicare Out-of-Pocket Expenses for Some Low-Income Persons

Medicare Savings for You

The Health Care Financing Administration (HCFA), a Federal government agency that administers Medicare and Medicaid, and your State have developed programs that can help pay your Medicare out-of-pocket expenses. These programs help people who have limited resources and income to pay for some Medicare expenses. This could save you hundreds of dollars each year.

If you qualify, you may not have to pay for your:

Medicare premiums, and in some cases, deductibles, and coinsurance.

Several Programs Offer Help

There are four programs that offer different levels of help. They are:

Qualified Medicare Beneficiary (QMB)

Specified Low-income Medicare Beneficiary (SLMB)

Qualifying Individual-1 (QI-1)

Qualifying Individual-2 (QI-2)

You may qualify for one of these programs if:

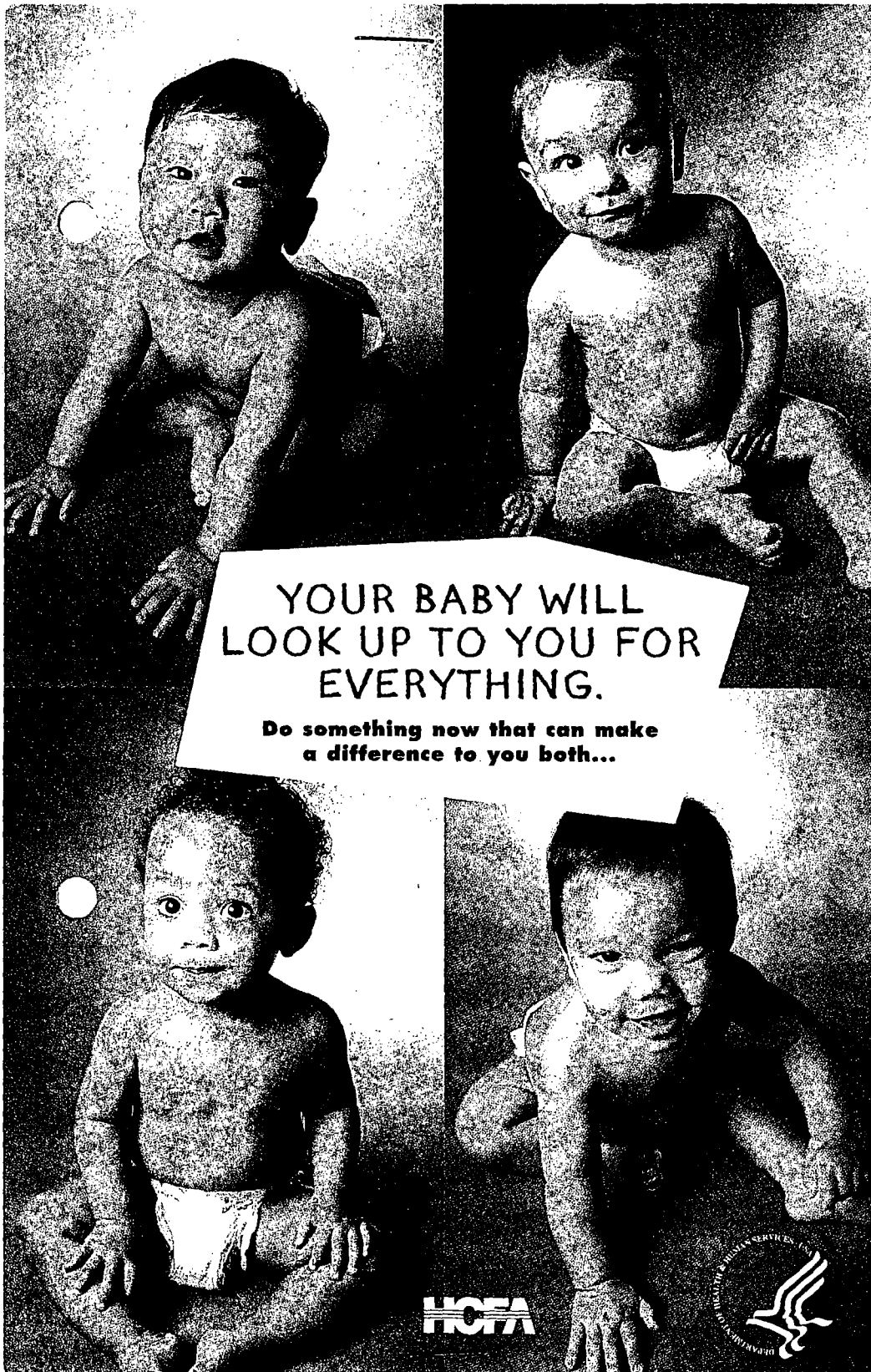
1. You are entitled to Medicare Part A. If you do not have Part A or you are not sure, check your Medicare card or call the Social Security office on 1-800-772-1213 to find out how to get it.

2. Your financial resources, such as bank accounts, stocks, and bonds, are not more than \$4,000 for one person or \$6,000 for a couple. Some things - like the home you live in, one automobile, burial plots, home furnishings, personal jewelry, and life insurance - usually do not count as resources. (If the combined face value of the life insurance policy is less than \$1,500, it is not counted.)

3. Your monthly income is at or below a certain level. Income includes Social Security benefits, pensions, and wages as well as interest payments and dividends on stocks and bonds you may own. The amount of help you can get depends upon your monthly income. The monthly income limits for different levels of help are shown below. If your monthly income changes you may move to a different level of help.

To qualify for any of the programs listed below, you must meet requirements (1) and (2) listed in the previous pages.

If your monthly income for 1998 is at or below:	You may qualify for:
All States except Alaska and Hawaii: \$691 (individual) \$925 (couple) Alaska: \$860 (individual) \$1,151 (couple) Hawaii: \$792 (individual) \$1,060 (couple)	Qualified Medicare Beneficiary (QMB). This program pays your Medicare premiums, deductibles, and coinsurance.
All States except Alaska and Hawaii: \$825 (individual) \$1,105 (couple) Alaska: \$1,027 (individual) \$1,377 (couple) Hawaii: \$946 (individual) \$1,268 (couple)	Specified Low-income Medicare Beneficiary (SLMB). This program pays your Medicare Part B premium only.
All States except Alaska and Hawaii: \$926 (individual) \$1,241 (couple) Alaska: \$1,153 (individual) \$1,547 (couple) Hawaii: \$1,062 (individual) \$1,424 (couple)	Qualifying Individual-1 (QI-1). This program pays your Medicare Part B premium.
All States except Alaska and Hawaii: \$1,194 (individual) \$1,603 (couple) Alaska: \$1,489 (individual) \$1,999 (couple) Hawaii: \$1,371 (individual) \$1,840 (couple)	Qualifying Individual-2 (QI-2). This program pays for a small part of your Medicare Part B premium.



YOUR BABY WILL
LOOK UP TO YOU FOR
EVERYTHING.

Do something now that can make
a difference to you both...

HCFA





PREGNANT? THINKING ABOUT IT?

If you or someone you care about is pregnant—or planning to be soon—talk to a health care provider about the benefits of being tested for HIV.

Approximately 120,000–160,000 women in the U.S. are infected with HIV, and over 5,000 were diagnosed in just the last year.

Without treatment for HIV infection, a pregnant woman has about a 25% chance of passing the virus onto her baby.



Treatment can help prevent HIV from spreading to your unborn baby and help keep you healthier.

Medicaid will pay for HIV testing and treatment.

Find out if you're eligible.

Call the confidential HIV/AIDS Treatment Information Service
TOLL FREE to find out more:



1-800-448-0440 (English and Spanish)
1-800-243-7012 (TTY-TDD)

PUB #10931 ICN #004596

PHOTOCOPY
PRESERVATION

Mammography Screening—Continued

Am I at high risk for breast cancer?

Simply getting older increases breast cancer risk. The older you are, the greater your chance of getting breast cancer. However, several factors that could place you at higher risk include:

- ⊕ If you had breast cancer before;
- ⊕ If you have a family history of breast cancer—that is, a mother, sister, daughter or two or more close relatives who had breast cancer; or
- ⊕ If you had your first baby after the age of 30, or if you never have had a baby.

How do I get more information about breast cancer and mammography screening?

Discuss breast cancer risk or screening with your doctor, or call the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER.

Pap Smear and Pelvic Exams—Continued

How often will Medicare cover a Pap smear and pelvic exam?

A Pap smear and pelvic exam are covered by Medicare once every 3 years. However, if you are a woman of child bearing age and have had an abnormal Pap smear within 3 years, or you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap smear and pelvic exam every year.

Who is at high risk for cervical or vaginal cancer?

Risk for cervical cancer is increased if you have had an abnormal Pap test, if you have had cancer before, or if you have been infected with the human papilloma viruses (HPVs). If you began having sexual intercourse before the age of 16, or if you have had many sexual partners, you also have a greater cervical cancer risk. Risk for vaginal cancer is increased for daughters of women who took DES during pregnancy.

Colorectal Cancer Screening—Continued

Who is eligible to get a colorectal screening?

Beneficiaries aged 50 or older are eligible for colorectal screenings. However, in the case of colonoscopies, there is no age limit.

How often will Medicare cover colorectal exams?

A fecal occult blood test is covered once per year and a sigmoidoscopy once every 4 years. If you are at high risk for colorectal cancer, Medicare covers a colonoscopy or a barium enema every 2 years.

Who is at high risk for colorectal cancer?

After age 40, colorectal cancer risk increases with age and throughout life. Your risk is greater if you have a history of inflammatory bowel disease, colorectal cancer, or polyps. You are also at greater risk if you have a family history of colorectal cancer or polyps, or have certain hereditary syndromes.

Flu, Pneumonia and Hepatitis B Vaccinations—Continued

How often will Medicare cover these vaccinations?

Medicare pays for a flu shot every year. You should get one each year between October and December. Medicare will also pay for a pneumonia shot, which you should get by age 65. Most people only need to get this shot once in their lifetime. Medicare will pay for a Hepatitis B shot if you are at high or intermediate risk for Hepatitis B.

Who is at risk for flu, pneumonia, or Hepatitis B?

Flu and pneumonia infections can be life-threatening for elderly people. All adults 65 and older should get flu and pneumonia shots. Those at high or intermediate risk for Hepatitis B include individuals with end-stage renal disease or hemophilia.

Medicare Preventive Services...

...To Help Keep You Healthy

There are steps you can take to lower your risk of disease and illness. Medicare is providing coverage for these preventive services to help you stay healthy. Medicare will cover:

- ⊕ Tests for breast cancer, cervical cancer, vaginal cancer, and colorectal cancer;
- ⊕ Bone mass measurements;
- ⊕ Diabetes monitoring and diabetes self-management; and
- ⊕ Flu, pneumonia, and Hepatitis B shots.

These new, valuable benefits from Medicare may be the key to long lasting good health. Talk with your doctor about your risk of developing these health problems and your need for these preventive services.

This pamphlet includes:

- ⊕ A chart that explains which preventive services are covered by Medicare, for whom they are covered, and what you pay.
- ⊕ Cards with more detailed information on some of the preventive benefits. You can tear these out and put them on your calendar or refrigerator as a reminder, or you can take them to your doctor so that you can talk about the preventive services that Medicare covers.



Medicare Preventive Services — Added Benefits to Help You Stay Healthy

Covered Service	Eligible Beneficiaries	What You Pay
Screening Mammogram: Once per year.	All female Medicare beneficiaries age 40 and older.	20% of the Medicare approved amount with no Part B deductible.
Pap Smear and Pelvic Examination: (Includes a clinical breast exam) Once every three years. Once per year if you are high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap smear in the preceding three years.	All female Medicare beneficiaries.	No coinsurance and no Part B deductible for the Pap smear (clinical laboratory charge). For doctor services and all other exams, 20% of the Medicare approved amount with no Part B deductible.
Colorectal Cancer Screening: Fecal Occult Blood Test Once every year.	All Medicare beneficiaries age 50 and older. However, there is no age limit for having a colonoscopy.	No coinsurance and no Part B deductible for the fecal occult blood test. For all other tests, 20% of the Medicare approved amount after the annual Part B deductible.
Flexible Sigmoidoscopy Once every four years.		
Colonoscopy Once every two years if you are high risk for cancer of the colon.		
Barium Enema Doctor can substitute for sigmoidoscopy or colonoscopy.		
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, lancets, and self-management training.	All Medicare beneficiaries with diabetes (insulin users and non-users).	20% of the Medicare approved amount after the annual Part B deductible.
Bone Mass Measurements: Varies with your health status.	Certain Medicare beneficiaries at risk for losing bone mass.	20% of the Medicare approved amount after the annual Part B deductible.
Vaccinations: Flu Shot Once per year. Pneumococcal Vaccination: Once may be all you ever need — ask your doctor. Hepatitis B Vaccination: If you are at high or intermediate risk for hepatitis.	All Medicare beneficiaries.	No coinsurance and no Part B deductible for flu or pneumococcal vaccinations. For Hepatitis B vaccination, 20% of the Medicare approved amount after the Part B deductible.

Medicare Preventive Services

Colorectal Cancer Screening

Which colorectal screening benefits are covered under Medicare?

Medicare covers:

- ⊕ A screening fecal occult blood test (FOBT),
- ⊕ Flexible sigmoidoscopy, and
- ⊕ Screening colonoscopy.

The FOBT and the flexible sigmoidoscopy are considered to be general preventive screenings. However, if you are at high risk for colorectal cancer, Medicare will cover a screening colonoscopy. Medicare also covers a barium enema if your doctor decides that a barium enema should be performed instead of a flexible sigmoidoscopy or screening colonoscopy. (over)



Call 1-800-4CANCER for more health information.

Medicare Preventive Services

Mammography Screening

Which breast cancer screening benefits are covered under Medicare? How often are they covered?

Medicare will pay for a mammogram each year. Regular mammography screenings can save your life.

Who is eligible to receive a mammography screening?

All female Medicare beneficiaries aged 40 or older are eligible for mammography screenings every year. Medicare also pays for one mammography screening for female Medicare beneficiaries between ages 35 and 40. (over)



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Medicare Preventive Services

Flu, Pneumonia, and Hepatitis B Vaccination

Which preventive vaccinations are covered by Medicare?

Flu shots, pneumonia shots, and Hepatitis B shots are covered by Medicare. Flu, pneumonia, and hepatitis can be life threatening to the elderly.

Who is eligible to receive the vaccinations?

All Medicare beneficiaries are eligible for flu shots and pneumonia shots. Hepatitis B shots are covered only for persons at risk for Hepatitis B, such as those with end-stage renal disease or hemophilia.

(over)



Call 1-800-638-6833 for more health information.

Medicare Preventive Services

Pap Smear and Pelvic Exams (Includes Clinical Breast Exam)

Does Medicare cover screenings to find cervical and vaginal cancers?

Medicare covers Pap smears and pelvic exams to check for cervical and vaginal cancers. In addition to the pelvic exam, a clinical breast exam is also covered to check for breast cancer.

Who is eligible to receive Pap smears and pelvic exams?

All female Medicare beneficiaries are eligible. (over)



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Mammography Screening—Continued

Am I at high risk for breast cancer?

Simply getting older increases breast cancer risk. The older you are, the greater your chance of getting breast cancer. However, several factors that could place you at higher risk include:

- ⊕ If you had breast cancer before;
- ⊕ If you have a family history of breast cancer—that is, a mother, sister, daughter or two or more close relatives who had breast cancer; or
- ⊕ If you had your first baby after the age of 30, or if you never have had a baby.

How do I get more information about breast cancer and mammography screening?

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Pap Smear and Pelvic Exams—Continued

How often will Medicare cover a Pap smear and pelvic exam?

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Colorectal Cancer Screening—Continued

Who is eligible to get a colorectal screening?

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How often will Medicare cover these vaccinations?

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Bone Mass Measurements: Varies with your health status.	Certain Medicare beneficiaries at risk for losing bone mass.	20% of the Medicare approved amount after the annual Part B deductible.
Vaccinations: Flu Shot Once per year. Pneumococcal Vaccination: Once may be all you ever need — ask your doctor. Hepatitis B Vaccination: If you are at high or intermediate risk for hepatitis.	All Medicare beneficiaries.	No coinsurance and no Part B deductible for flu or pneumococcal vaccinations. For Hepatitis B vaccination, 20% of the Medicare approved amount after the Part B deductible.

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Who is eligible to receive the vaccinations?

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(over)



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Medicare Preventive Services

Pap Smear and Pelvic Exams (Includes Clinical Breast Exam)

Does Medicare cover screenings to find cervical and vaginal cancers?

Medicare covers Pap smears and pelvic exams to check for cervical and vaginal cancers. In addition to the pelvic exam, a clinical breast exam is also covered to check for breast cancer.

Who is eligible to receive Pap smears and pelvic exams?

All female Medicare beneficiaries are eligible. (over)



Call 1-800-4CANCER for more health information.

To learn more about mammograms,
call the National Cancer Institute's

Cancer Information Service at

1-800-4-CANCER

(1-800-422-6237).

People with TTY equipment,

dial **1-800-332-8615**.

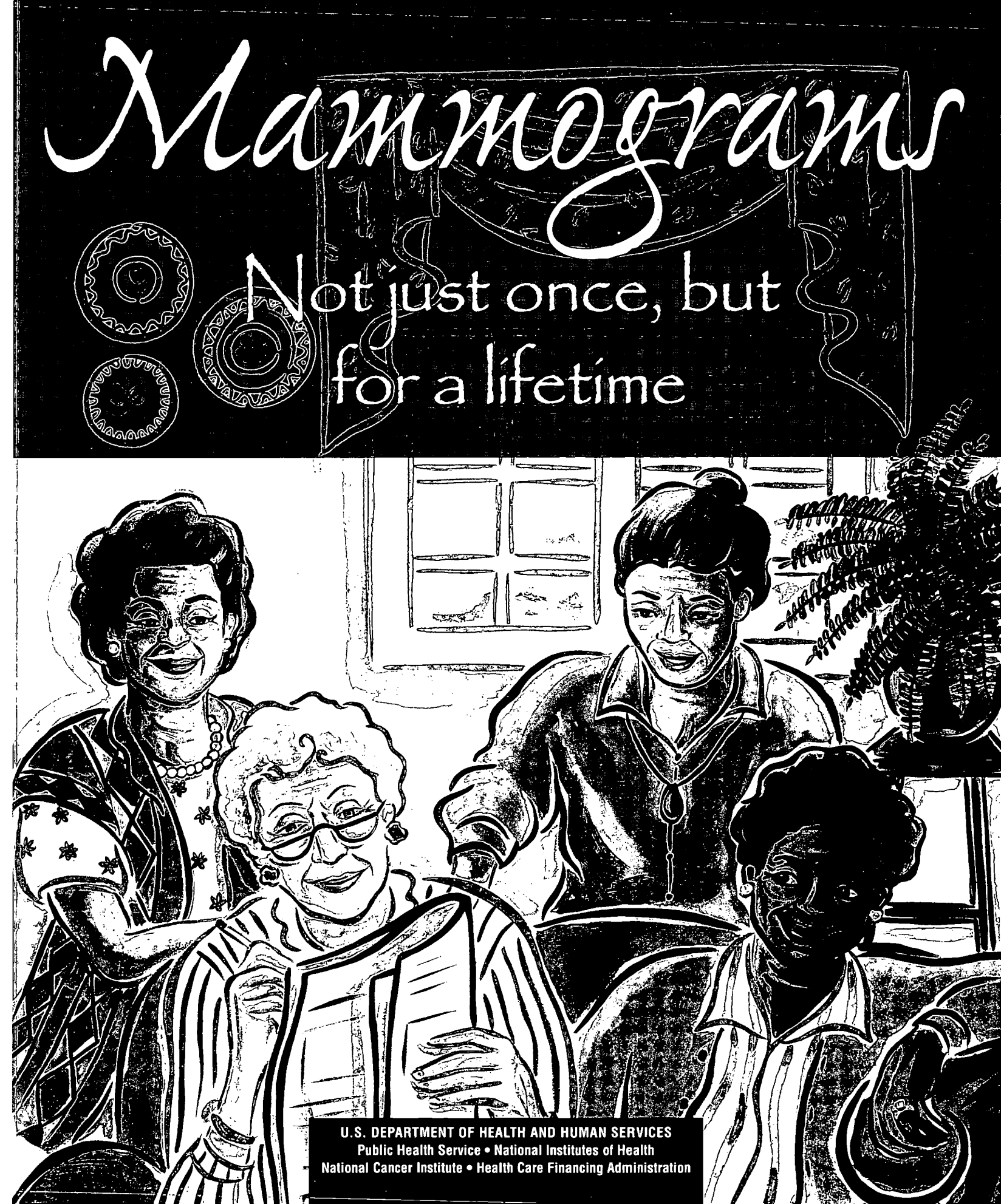
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<http://www.medicare.gov>.



What's a mammogram and why should I have one?

A mammogram is an x-ray picture of the breast. It can find breast cancer that is too small for you or your doctor or nurse to feel. Studies show that if you are in your forties or older, having a mammogram every 1 to 2 years could save your life.

How do I know if I need a mammogram?

Talk with your doctor about your chances of getting breast cancer. Your doctor can help you decide when you should start having mammograms and how often you should have them.

Why do I need a mammogram every 1 to 2 years?

As you get older, your chances of getting breast cancer get higher. Cancer can show up at any time — so one mammogram is not enough. Decide on a plan with your doctor and follow it for the rest of your life.

If you find a lump or see other changes in your breast, see your doctor right away.

How's a mammogram done?

Mammograms are quick and easy. You simply stand in front of an x-ray machine. The person who takes the x-rays places your



breast between two plastic plates. The plates press your breast and make it flat. This may be uncomfortable for a few seconds, but it helps get a clear picture. You will have x-rays taken of each breast. A mammogram takes only a few seconds.

Where can I get a mammogram?

To find out where you can get a mammogram:

- Ask your doctor or nurse.
- Ask your local health department or clinic.
- Call the National Cancer Institute's Cancer Information Service at **1-800-4-CANCER** (1-800-422-6237).



*Medicare helps pay for yearly mammograms.
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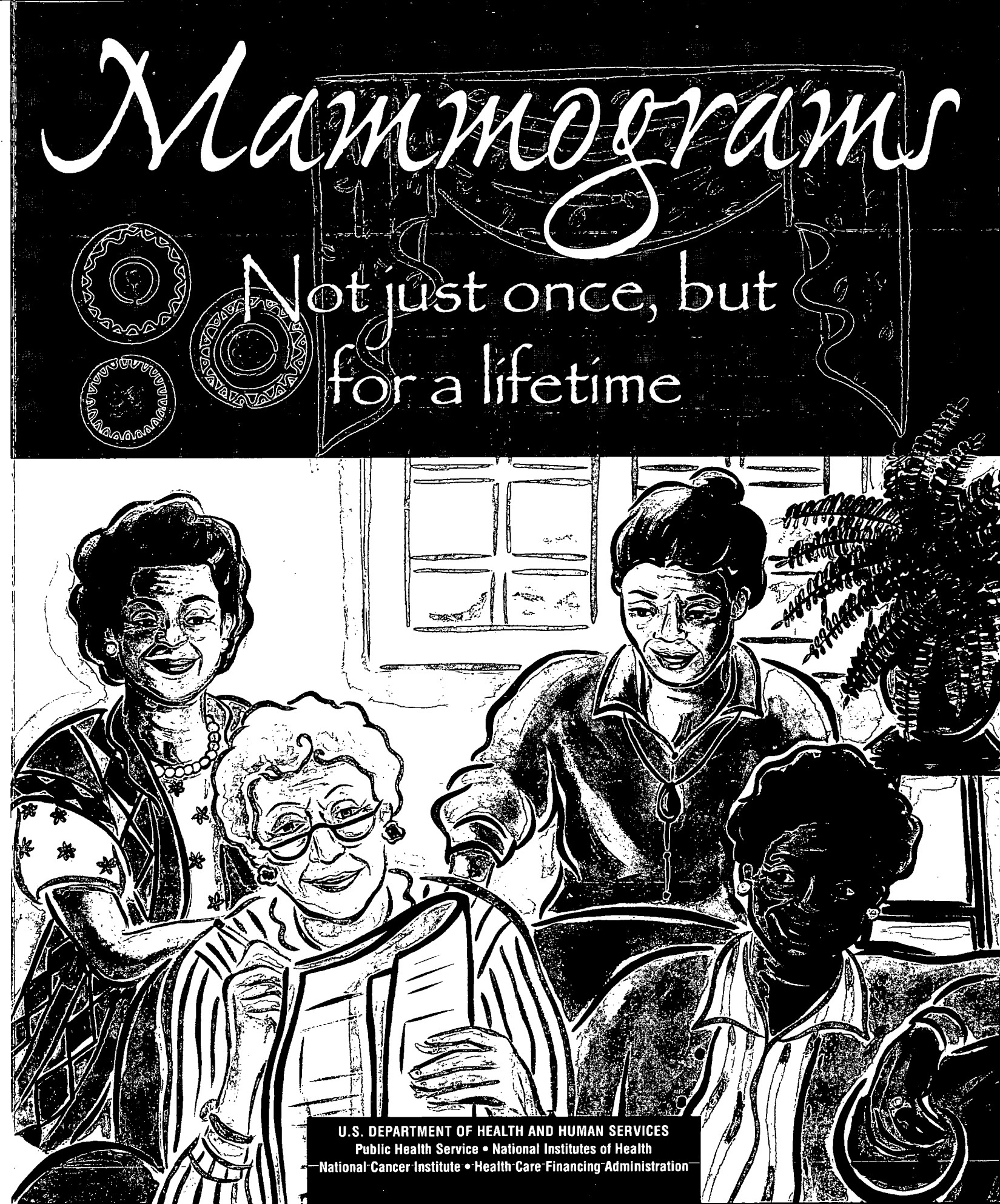
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*Medicare helps pay for yearly mammograms.
For Medicare information, call 1-800-638-6833.*

TODAY for a Pap test appointment.

My appointment for a Pap test:

Date: _____

Time: _____

Place: _____

Telephone: _____

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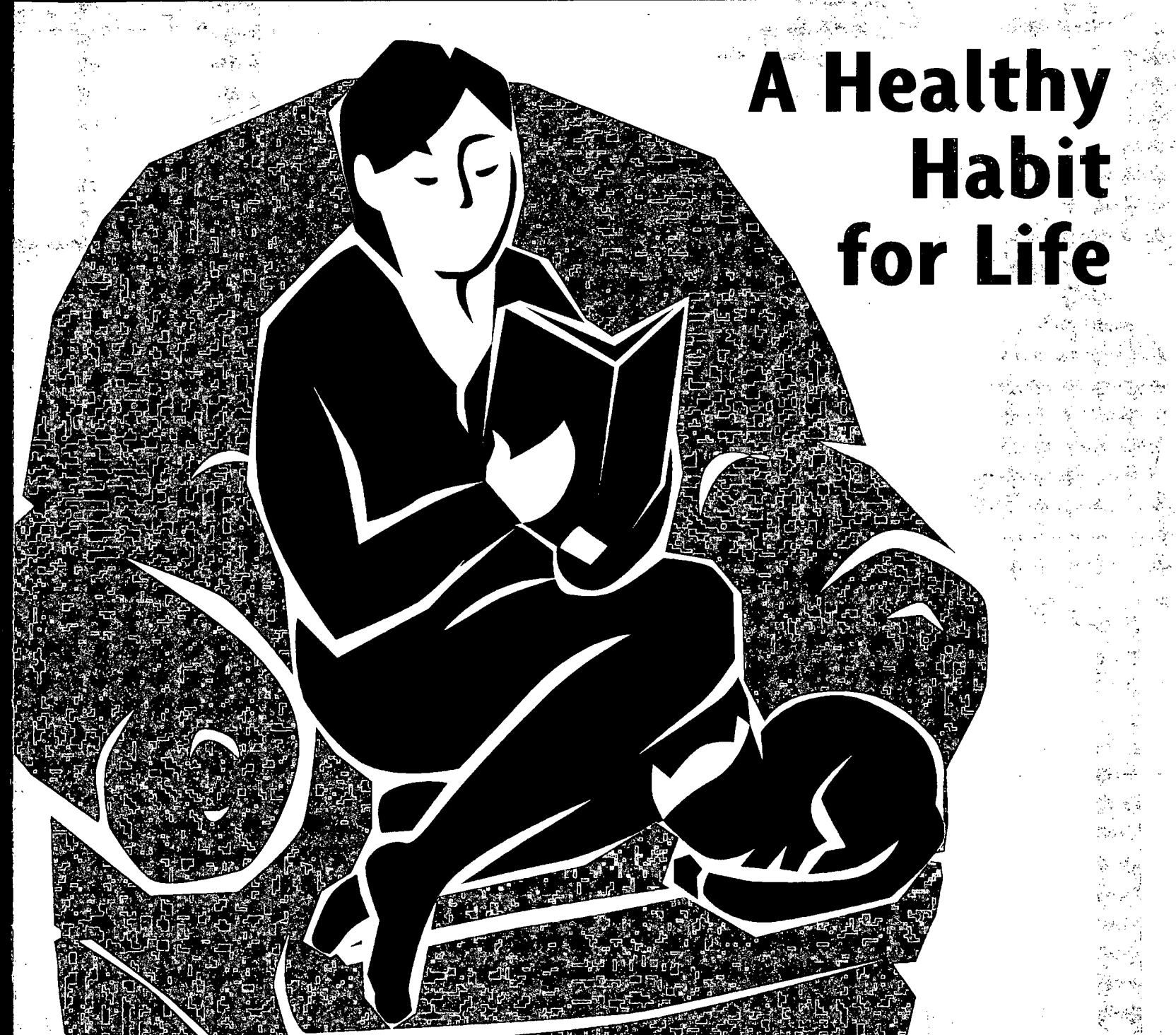
or visit the web site at <http://www.medicare.gov>.



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(RL-3)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

H345



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service * National Institutes of Health
National Cancer Institute * Health Care Financing Administration**

1. Could I have cancer of the cervix and not know it?

YES—often there is no pain.

And this kind of cancer kills many women every year.

2. What does that mean for me?

It means get a Pap test.

A Pap test can find cancer early.

If it's found early, it's easier to cure.

3. How often should I get a Pap test?

Get a Pap test every year.

4. How is the Pap test done?

The nurse or doctor wipes a swab on the cervix
in your vagina.

This takes only a few seconds.

5. Where do I get a Pap test?

- Family doctor
- OB/GYN
- Medical clinic
- Local health department

6. Who needs to have a Pap test?

You do if:

- You are **over** 18; or
- You are **18 or under** and have sex

There is no upper age limit for the Pap test.

Even women who have gone through the change
of life (menopause) need a Pap test every year.

7. Why is a Pap test important to me?

Because it can tell if you have cancer of the cervix
early—while it's still easier to cure.

It can save your life!

**Medicare helps pay for a Pap test
once every 3 years.**

**For more information on the Pap test, call the
National Cancer Institute's toll-free Cancer
Information Service at 1-800-422-6237.**



Turn Page



**Call your family doctor or local medical clinic
TODAY for a Pap test appointment.**

My appointment for a Pap test:

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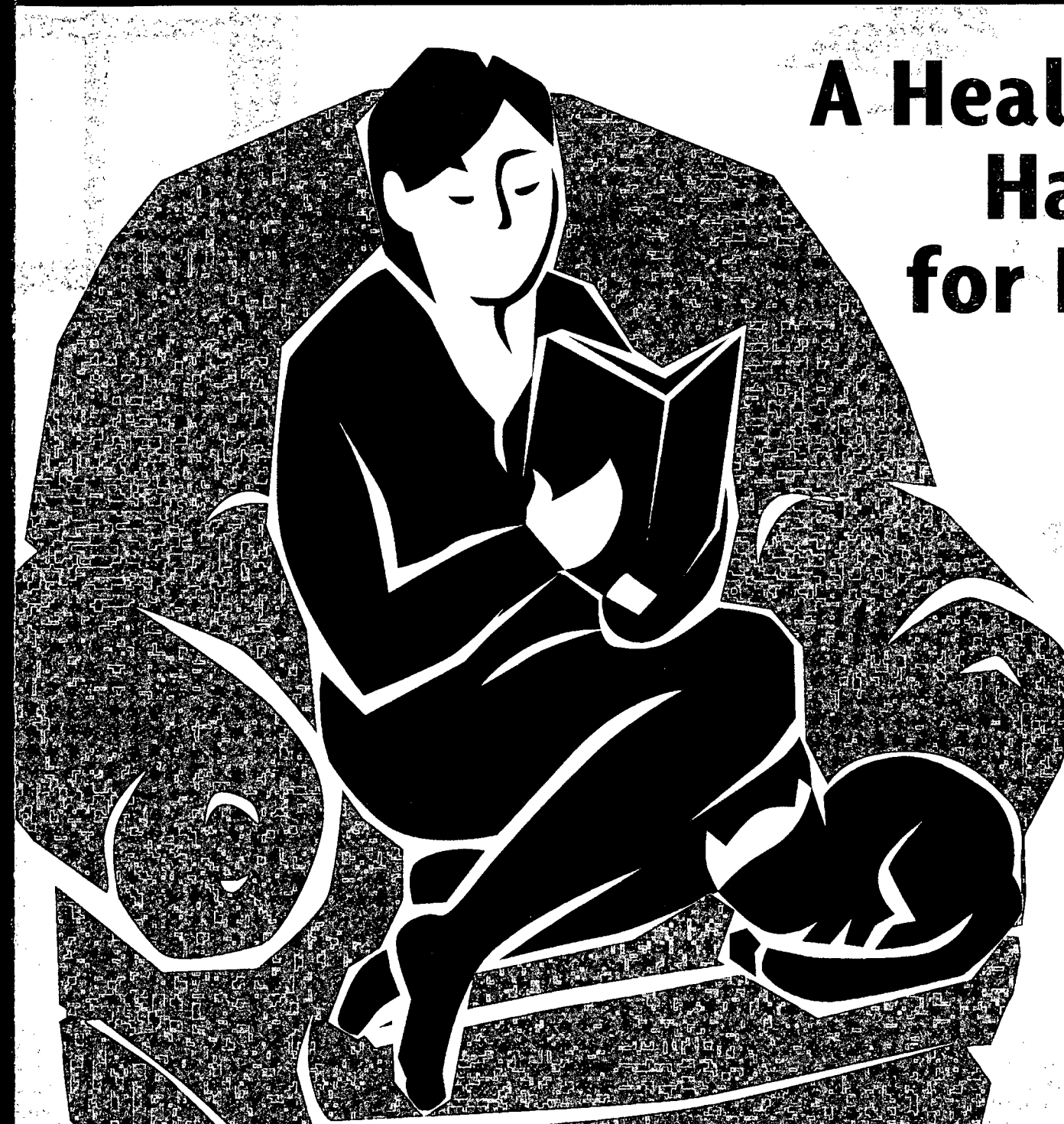
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Pap Tests

**A Healthy
Habit
for Life**



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service * National Institutes of Health
National Cancer Institute * Health Care Financing Administration**

Get your appointment for a Pap test today!

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