



MAXIMIZE YOUR HEALTH & WELLNESS WITH MEDICARE

Ford Stokes
Licensed Representative
770-685-1777
Ford@ActiveWealth.com
ActiveWealth.com



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As we age, it becomes more and more important to take steps to improve or maintain our physical and mental health. Fortunately, there are many ways enrollees in Medicare can use their benefits to better their wellbeing and take preventive steps to stay healthy in the future.

Medicare can be a great tool for maximizing your health and wellness, but it's important to understand how best to use the coverage and benefits available. Once you consider the different parts of Medicare and other supplemental plans, it can get complicated quickly. It's good to get a general idea of the covered services under each part of Medicare before you learn how to use each one to improve your overall wellbeing:

MEDICARE BASICS BREAKDOWN

PART A

Part A provides coverage for inpatient hospital care, hospice services, home health care services, such as skilled nursing care and physical therapy, as well as some limited outpatient services like laboratory tests and X-rays. Premiums for this part are usually free for most people who qualify for Medicare based on their age or disability status.

PART B

Part B covers medically necessary doctors' services, outpatient hospital visits and treatments, as well as preventive care such as screenings, vaccinations and certain medical equipment like wheelchairs or walkers. There are some out-of-pocket costs associated with this part, including a premium payment each month plus copayments or deductibles for the services you use.

PART C

Part C (Medicare Advantage) allows you to receive all your Part A, B and sometimes drug benefits through a private insurance company instead of from the Medicare program. Depending on the plan you choose, there may be additional benefits available that aren't covered under Original Medicare. Some of these plans require a monthly premium plus cost-sharing when using covered medical services.

PART D

Part D consists of private plans that provide prescription drug coverage to help reduce the cost of your medications if you need them regularly or have high prescription bills due to an illness or condition. It's important to compare plans carefully before enrolling to make sure you find one that best meets your needs at an affordable price.

MEDICARE SUPPLEMENT

Medicare Supplement, or Medigap, plans are healthcare insurance that can be purchased to help pay for the out-of-pocket costs associated with Medicare's covered services. Monthly premiums are usually required for these plans, which are primarily designed to fill the coverage "gaps" in Original Medicare and may even offer additional benefits or services.



MAKING THE MOST OF YOUR MEDICARE HEALTH & WELLNESS BENEFITS

Now that you understand how the different parts of Medicare, it's time to learn all the ways you can use them to benefit your physical and mental health. From knowing how to get the most out of your preventive visits to taking advantage of telehealth services in your own home, here are some pro tips to maximize your wellbeing and stay healthy using your Medicare benefits.

TAKE ADVANTAGE OF YOUR ANNUAL WELLNESS VISITS

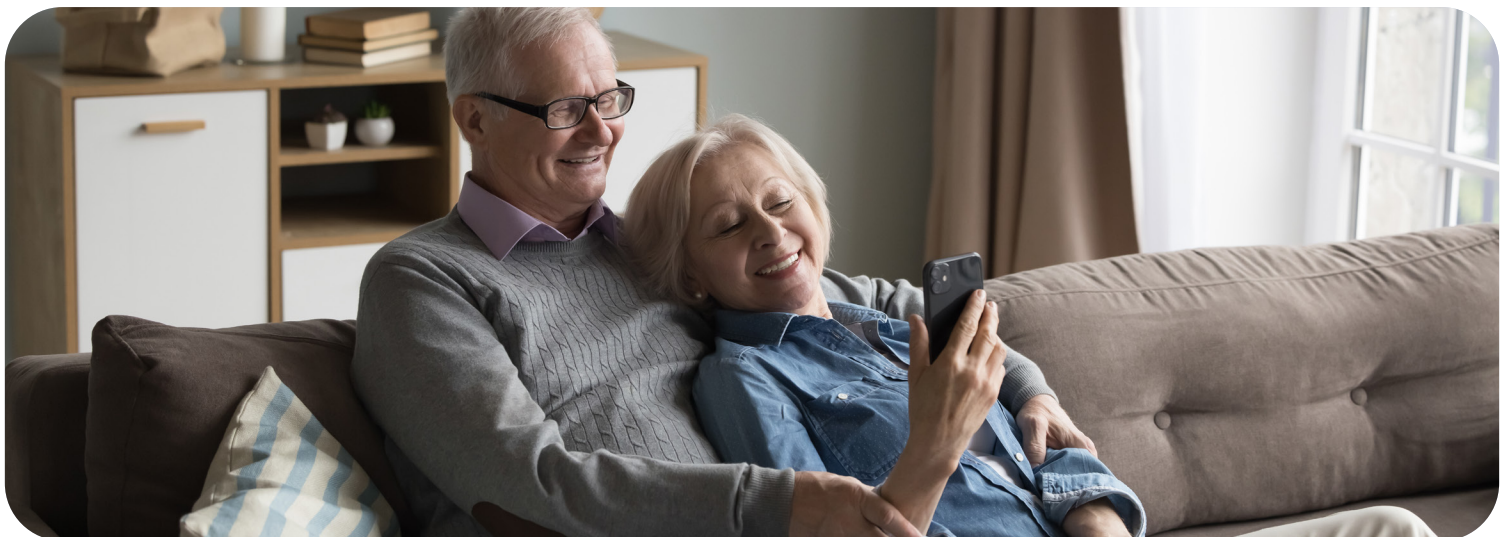
The annual wellness visit is an essential service covered by Medicare Part B that helps detect potential health risks and improve overall wellbeing. It includes a review of your medical and family history, a discussion about risk factors, screenings and immunizations, as well as personalized health advice and referrals. Medicare covers this visit once every 12 months, giving you the opportunity to get the care you need to stay healthy and prevent more serious illnesses from developing.

During the annual wellness visit, your doctor or other healthcare provider will create a personalized prevention plan to help you stay healthy. This plan should reflect your individual needs, and may include lifestyle changes, such as quitting smoking or increasing physical activity. Additionally, your plan will recommend screenings for age-related diseases, like cancer or diabetes, based on your medical history and may recommend some immunizations.

A health risk assessment (HRA) must be completed by physicians during your visit covered in Part B. However, such an assessment is not required at the time of a Medicare Advantage enrollment, so be sure that one is being completed if you're choosing an Advantage plan. This will help you and your provider get a better understanding of your health, and enable you to create a personalized wellness plan.

When attending an annual wellness visit with your doctor or healthcare provider, having a list of questions prepared ahead of time can help ensure you make the most out of it. Questions could include:

- What are my risk factors?
- Are there any vaccinations I should be receiving?
- Are there any treatments that I should consider?
- What kind of lifestyle changes do you recommend?
- Is there anything else I should know about staying healthy, considering my age and health history?



UTILIZE YOUR PREVENTIVE SERVICES

Medicare Parts A & B also cover preventive testing and services for a variety of different illnesses. Many beneficiaries aren't even aware that they can receive screenings for things like cardiovascular disease and depression with no co-pays. Other covered preventive services include annual wellness visits, flu shots, pap tests, mammograms, colorectal cancer screenings and more. It's important to consult with your doctor about which ones are right for you. Part B offers a free "welcome to Medicare" preventive visit within the first year of your Medicare enrollment.

For a complete list of covered testing services, as well as any cost-sharing involved, check out the most up-to-date version of the official Your Medicare Benefits booklet or visit the MLN Educational Tool, both available at Medicare.gov.

By understanding your coverage and utilizing preventive services available through Medicare, not only can you maximize your health and well-being, but also reduce medical costs in the long term by nipping any potential health risks in the bud.

FITNESS PROGRAMS

While Original Medicare doesn't cover any gym memberships or fitness programs, it does offer some fitness-related benefits in certain special situations, such as:

- Physical therapy that's medically necessary to treat an illness or injury.
- Nutrition therapy for people with diabetes or kidney disease.
- Group sessions and condition management programs for people with diabetes.
- Weight-loss counseling, including an obesity screening, a dietary assessment and even behavioral therapy, for those with a body mass index (BMI) of 30 or higher.

Medicare Supplement (or Medigap) plans are designed to help with the deductibles and copays of covered Medicare services, so they don't usually include fitness programs or gym memberships in their basic coverage but some may offer additional benefits or discounts.



EXTRA TIP:

Many local recreation centers and senior centers offer low-cost or free exercise classes, such as walking clubs, swimming classes, running clubs, yoga classes, and bike rides. Your area may also have discounted gym memberships available through community organizations or private companies.

MAKE SURE TO FIND THE RIGHT PROVIDER

For those with original Part A and Part B coverage, you can see any doctor that takes Medicare. Most of these providers accept Medicare “assignment,” which means they accept the Medicare-approved amount as full payment and beneficiaries won’t have to pay more than their deductible. However, some providers may charge extra fees, so be sure to ask about their payment policies before you make an appointment.

Partnering with the right healthcare provider is essential to assessing and maintaining your overall health. Before selecting a provider, you need to know which doctors and hospitals accept your type of Medicare.

If you have a Medicare Advantage plan, start by researching providers in your plan’s network and reading reviews from other patients. Make sure you’re clear on any specific rules or restrictions that apply to each provider – and keep in mind that each doctor or hospital may be dropped from your plan’s network at anytime, meaning you’ll usually have to pay more to see them.

LOOK FOR WAYS TO SAVE ON DRUGS

Having access to affordable prescription drugs is necessary for many Americans to maintain good health. Medicare Part D plans can provide help with prescription drug costs, but it’s important to thoroughly review and compare the available plans before you choose one. Each plan has different coverage and out-of-pocket costs, so it pays to find the plan that best suits your needs.

Also consider reviewing your plan’s formulary to see how they divide their covered drugs into cost-sharing tiers. If there is a covered generic medication that’s on a lower price tier, consult with your provider to see if it’s an acceptable replacement for your more expensive prescription.

If you qualify for the Part D Low-Income Subsidy (LIS), you could receive assistance with monthly premiums and out-of-pocket spending limits based on income and resources, such as bank accounts or investments. If eligible, this subsidy can be extremely valuable in helping reduce overall medication expenses through Medicare Part D plans.

EXTRA TIP:

Your plan might have a list of preferred pharmacies, where you may receive further discounts.



GET TELEHEALTH SERVICES IN YOUR OWN HOME

Telemedicine has become an integral part of the healthcare system, and Medicare Part B offers coverage for some services. This includes primary care visits, mental health counseling, preventive health screenings, and remote monitoring solutions. Beneficiaries can connect with their physicians using telephone or video conferencing technology for primary care visits. This is especially useful for those who live in rural areas or simply can't make it to their doctor's office due to mobility issues. Mental health counseling can also be done from the comfort of one's own home through telemedicine appointments with qualified professionals.

Preventive health screenings, such as blood pressure checks and cholesterol tests, can now be conducted remotely thanks to telehealth technology. Remote monitoring services can even make use of internet-connected devices to measure vital signs or symptoms and transmit them back to healthcare providers, so that changes in a patient's condition over time can be tracked more closely. Not only does this allow individuals to get the readings they need without leaving their homes, but they can also receive accurate results and advice on how best to manage any underlying conditions they may have from their doctors as well.



Until December, 2024, Part B will still have access to telehealth services from anywhere in the U.S., including your home. After that time, these services will primarily be restricted to medical offices or facilities in a rural area of the country. But under certain circumstances, telehealth benefits will still be available anywhere, such as:

- **Services for diagnosing, evaluating, or treating symptoms of acute stroke.**
- **Treatment services for substance use disorder, or co-occurring mental health disorder.**
- **Monthly home dialysis visits for End-Stage Renal Disease (ESRD).**

SHOP AROUND FOR EXTRA OR SUPPLEMENTAL COVERAGE

When trying to find the best Medicare health benefits, it's wise to look beyond just basic coverage. With Medicare Advantage and some Medigap plans, it's possible to get additional benefits to help you improve your health and wellness.

Taking the time to compare plans side-by-side with a licensed and trustworthy agent who sells Medicare can help you identify which one will meet both your needs and budget. Remember to consider any additional out-of-pocket expenses associated with the plan, and make sure it's accepted by all of your preferred healthcare providers.

QUESTIONS FOR MORE CONVERSATIONS

Ultimately, the choice to make healthy lifestyle choices and take proactive steps to maintain your health is in your own hands. But depending on your Medicare coverage, you may have access to many services and programs to help pay for the costs associated with getting regular wellness exams, exercising regularly, and monitoring for any potential health risks.

Next time you meet with your trusted Sales Agent, ask them some of these questions to make sure you're maximizing your Medicare benefits to maintain your health and wellness:

1. What are the different types of Medicare plans available to me?

2. Are there any additional services or benefits that I may qualify for?

3. Medicare or my Medicare Advantage plan covers what preventive care services and screenings?

4. Are there any fitness or exercise programs available through my Medicare Supplement or Medicare Advantage plan?

5. Are there any discounts available on prescriptions or other medical services available to me?

SOURCES

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