

Physical Exam or Wellness Visit? Know what Medicare covers

You may not give much thought to how your physician describes your annual visit, but the way his office 'codes' your visit will affect what Medicare will cover. Medicare provides coverage for a **Welcome to Medicare Visit** and an **Annual Wellness Visit**, but it does not cover an **Annual Physical**. Here's how they differ:

Welcome to Medicare Visit

You are eligible for an initial exam called your Welcome to Medicare Visit within the first 12 months you have Part B. This visit includes a review of your medical, social and family history related to your health, as well as education and counseling about preventive services. It also includes:

- Height, weight and blood pressure measurements
- A calculation of your body mass index
- A simple vision test
- An offer to discuss advance directives
- Order of further tests, de-

pending on your general health and medical history

- A written plan letting you know which

screenings, immunizations and other preventive services are recommended for you.

Your Welcome to Medicare Visit is covered 100% by Medicare, but you may have to pay a copay and deductible for any recommended tests, screenings

and preventive services when you receive them.

Annual Wellness Visit

Medicare recipients are eligible for an Annual Wellness Visit once you have had Part B for at least 12 months and once every 12 months after that. In addition to an update on your medical and social history, the visit includes:

- Developing or updating your providers and prescriptions
- Height, weight, blood pressure and other routine measurements

Find out whether the services being recommended are covered and let your physician know that you're concerned about keeping cost down.

INSIDE:

- Physical Exam or Wellness Visit?
- Rumors and Alarming Information
- Need a Reason to Get Health Insurance in 2015?
- Friends of Mutsko
- Decoding Your Explanation of Benefits



Letter from Laura

Dear Friends and Clients,

As I write this letter, I started thinking about my clients and I realized that I have so much to be thankful for.

Why am I thankful?

I'm thankful because you trust me to handle your insurance needs year in and year out. Many of you have been with me since I first opened Mutsko Insurance Services and I appreciate your continued loyalty.

I'm thankful for your understanding and patience, especially over the last couple of months during Medicare Open Enrollment. We only have a little more than six weeks to meet with so many of you, answer your questions and make needed changes. We are often here late nights and weekends. It's a rush and we appreciate that you made adjustments in your schedule to accommodate ours.

I'm thankful that you trust me enough to recommend your friends and relatives to me. Your referrals are the nicest compliments I could ever receive.

My customers are the best. Wishing you and your family a healthy, happy and prosperous 2015.

Sincerely,
Laura Mutsko

Continued from page 1

- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options
- A screening schedule for appropriate preventive services.

Your Annual Wellness Visit is covered 100% by Medicare however, you may have to pay coinsurance and the deductible for any recommended tests, screenings and preventive services when you receive them.

Physical Exam

The National Institute of Health describes a physical exam as when "a health care provider studies your body to determine if you do or do not have a physical problem." It includes "inspec-

tion of your body, palpitation (feeling the body), auscultation (listening to sounds) and percussion (tapping.)"

Medicare does not cover an annual physical exam, as such.

The Bottom Line

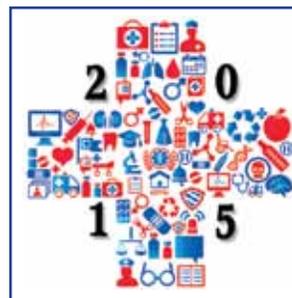
No one likes to get hit with unexpected expenses. To avoid this, take some time to become familiar with your Medicare or Medicare Advantage coverage. Ask questions of your doctor if you don't understand something. Find out whether the services he or she is recommending are covered and let your physician know that you're concerned about keeping cost down.

Need a Reason to Get Health Insurance in 2015?

We are rapidly approaching the close of the Affordable Care Open Enrollment period. By law it is your responsibility to secure health insurance coverage before the February 15th deadline.

The fact is health insurance protects you from major medical bills . . . the kind of bills that can set you back financially for years to come.

Are you willing to go without insurance and take that kind of risk?



Here are three more reasons to enroll now:

Today's marketplace plans cover ten categories of essential health care benefits

including emergency care, hospitalization, prescription drugs, mental health and

substance abuse services, maternity and newborn care.

Many preventive services are provided without co-payment or coinsurance even if you haven't met your deductible. Your plan may include coverage for immunizations, approved birth control products, mammograms, screenings, flu shots and other tests to keep you healthy.

Individuals who do not have qualified coverage or an exemption will face tax penalties that are much steeper than those in 2014. The penalty for being uninsured in 2015 will be 2% of your taxable income or \$325 per adult, and \$162.50 per child, whichever is more.

Financial help is available for many individuals to pay for part, or in some cases, all your health insurance premiums. But, you need to apply in order to find out what this means for you. To learn more, go to www.mutskoinsurance.com and click on Get a Quote or call me at 440-255-5700 to set up an appointment.

Health insurance protects you from major medical bills . . . the kind of bills that can set you back financially for years to come.

Rumors and Alarming Information

You're reading through your email when you open the one that sets your nerves on edge.

The email looks and sounds official, but makes a startling claim. You believe it because it was sent by someone you trust. The problem is that the message is FALSE.

I've recently received calls from frightened clients about dramatic changes in Medicare. The first person stated that "Obamacare" will not pay for surgery for people over the age of 70. Another claimed that patients age 76 and older must be admitted to the hospital by their primary care physicians in order to be covered by Medicare. Both are completely false.

There are no provisions in the health-care law that authorizes changes in care based on age. In fact, the Independent Payment Advisory Board which was established to help control the growth in Medicare costs is prohibited from rationing care, from making decisions about what benefits will or won't be covered, and from increasing beneficiaries' premiums or cost sharing.

If you receive emails with

alarming claims about Medicare or "Obamacare," you can do some detective work to check the validity of a story by looking it up on factcheck.org or snopes.com.

In the meantime, you have my commitment that I will keep you informed of any major changes that will affect Medicare, Medicare Advantage Plans and the Affordable Care Act (Obamacare.) Important updates will

be reported on my website, in our newsletter and in articles I write for local newspapers and blogs.

The next time you receive an email that alarms you, check for tell-tale signs that the information may be false.

3rd ANNUAL
Pasta for Puppies!

SO GOOD, YOU'LL WANT TO LICK YOUR DISH!

VOLUNTEER PUPPY RAISING
LEADER DOGS
FOR THE BLIND

a fund-raising event to support
Puppy Raising and Leader Dogs for the Blind

PASTA DINNER
MONDAY, MARCH 30th • 5-9pm

American-Croatian Lodge
34900 Lakeshore Blvd. Eastlake
\$15 DONATION • CHINESE AUCTION
50/50 RAFFLE • DOOR PRIZES!



CALL LINDE @ 440-951-2468 FOR TICKETS
email: LeaderDogPuppies@gmail.com • WALK-INS WELCOME

Decoding Your Explanation of Benefits

An Explanation of Benefits (EOB) is the notice you receive in the mail a few weeks after you fill a prescription or receive health care services. This is not a medical bill. It's a summary of services you received and it's important for you to check it to make sure the information it contains is correct.

Each insurance company and Medicare EOB may be slightly different, but they usually contain the same information including your personal information, the doctor or facility visited, dates and description of your service, the fee billed to your insurance company and what you will be expected to pay once you receive your bill. It will also include any reason a service has been denied.

If any of the information on your EOB is incorrect, it could be a clerical error – or worse. Someone may have illegally used your medical identity. If you have any questions about your EOB, call the phone number listed on the form and let them know your concerns.

Find It & Win!

Somewhere in our newsletter is a **mis-spelled word**.

Be the first to spot it and call us and you will **win a \$10 gas gift card!**

Call 440-255-5700
or toll-free at
888-951-6201.

Mutsko Insurance Services, LLC
Insurance for All Ages and Stages

Medicare Advantage • Life
Health • Dental • Group Coverage
Medicare Supplements
Annuities

Telephone:
440-255-5700
or 888-951-6201
www.mutskoinsurance.com

The nicest compliment you can give, is your referral.