



Preventive Health Checklist



It can be tough to keep all the recommended preventive care and screenings straight, but they are crucial for early detection and treatment.

Take this checklist to your next doctor’s appointment and review with your doctor to schedule any necessary screenings.

Costs and coverage for these services vary depending on the plan you are enrolled in. Refer to your Evidence of Coverage for plan-specific information. NetworkPrime (MSA) members will pay nothing for Medicare-covered services after the deductible is met. If you have any questions about your coverage for these preventive screenings, contact your health care concierge at 800-378-5234 (TTY 800-947-3529) before you schedule the appointment.

COVERED FREQUENCY	PREVENTIVE SERVICE	APPOINTMENT SCHEDULED	SCREENING COMPLETE
One-time visit within the first 12 months of having Medicare Part B	Welcome to Medicare visit TIP - Ask your doctor’s office to schedule your “Welcome to Medicare” preventive visit when you make this appointment.		
OR			
Every 12 months (once you’ve had Part B for longer than 12 months)	Annual wellness visit Must be at least 12 months after your “Welcome to Medicare” preventive visit. TIP - You are able to have lab screenings for early detection of diabetes, high cholesterol or blood disorders. As part of your wellness visit OR your routine physical, you can have a fasting blood sugar, lipid panel and/or complete blood count that are included in the cost. Note: These screening labs are intended to assist in early detection of new health conditions and are not part of routine monitoring of existing health conditions.		
Every 12 months	Annual routine physical exam To be covered, this exam must include preventive medicine evaluation and management, including an age and gender appropriate history, examination and counseling/anticipatory guidance/risk factor reduction interventions. TIP - You are able to have lab screening for early detection of diabetes, high cholesterol or blood disorders. As part of your wellness visit OR your routine physical, you can have a fasting blood sugar, lipid panel and/or complete blood count that are included in the cost. Note: These screening labs are intended to assist in early detection of new health conditions and are not part of routine monitoring of existing health conditions.		

COVERED FREQUENCY	PREVENTIVE SERVICE	APPOINTMENT SCHEDULED	SCREENING COMPLETE
One-time ultrasound	Abdominal aortic aneurysm screening Recommended for people at risk, as determined by your doctor.		
Every 12 months	Alcohol misuse counseling One alcohol misuse screening for adults who misuse alcohol but are not alcohol dependent. Up to four counseling sessions per year for people who screen positive for alcohol misuse.		
Every 12 months	Annual flu shot recommended in the fall or winter.		
Every 12 months	Blood pressure If medically necessary, these may occur more frequently.		
Every 24 months	Bone mass measurement If medically necessary, these may occur more frequently.	Date of last screening	
Every 12 months	Cardiovascular disease Behavioral therapy in a primary care setting only.		
Every five years	Cardiovascular screenings This screening includes blood tests for the detection of cardiovascular disease.	Date of last screening	
Every 24 months	Cervical and vaginal cancer screening For those at high risk, one Pap test is recommended every 12 months. Human Papillomavirus (HPV) tests (when received with a Pap test) once every 5 years for ages 30-65 without HPV symptoms.	Date of last screening	
Every 24 months	Clinical breast exam Recommended for women age 40 and older.	Date of last screening	
Every 12 months	Depression screening in a primary care setting only.		
Every 12 months	Diabetes screening Based on results, you may be eligible for up to two screenings every 12 months.		
Varies	Diabetes self-management training Up to 10 hours of initial training (one hour individual training and nine hours of group training), and up to two hours of follow-up training each year.		
Every 12 months	Dilated eye exam		
Every 12 months	Drug level blood test		
Every 12 months	Fasting blood glucose Based on the results, Medicare may cover up to two screenings per year.		
Every 12 months	Glaucoma screening Recommended for people who are at a high risk of getting glaucoma.		
Every 12 months	Hemoglobin A1c test		
One-time vaccination (three shot series)	Hepatitis B vaccine Recommended for people who are at intermediate or high risk of contracting Hepatitis B.		
One-time screening	Hepatitis C screening Recommended for those at high risk and those born between 1945 and 1965. Annual screening covered for certain people at high risk.		
Every 12 months	HIV screening Recommended for people at risk of contracting HIV. Covered up to three times during pregnancy.		
Every 12 months	Kidney and liver function tests		

COVERED FREQUENCY	PREVENTIVE SERVICE	APPOINTMENT SCHEDULED	SCREENING COMPLETE
Every 12 months	LDL (cholesterol) screening		
Every 12 months	Lung cancer screening Recommended for those 55-77 at risk due to being a current smoker or having quit within the last 15 years.		
Every 12 months	Mammogram Recommended for women age 40 and older. Women ages 35-39 may receive one baseline mammogram.		
Varies	Medical nutrition therapy Three hours of counseling are offered during the first year of medical nutrition therapy services. After, two hours are offered each year for people with diabetes and/or kidney disease but not on dialysis when ordered by your doctor.		
Varies	Obesity screening and counseling Intensive counseling for people with a body mass index (BMI) of 30 or more received in a primary care setting.		
One-time vaccination (two shot series)	Pneumonia vaccine Most people only need this vaccine once in their lifetime, unless advised by a doctor. Pneumonia booster vaccines must be administered at least one year from the initial vaccine.		
Every 12 months	Prostate specific antigen (PSA) test Recommended for people age 50 and older. Digital rectal exam Recommended for people age 50 and older.		
Every 12 months	Sexually transmitted infections (STI) screening and counseling Recommended for people at risk for chlamydia, gonorrhea, syphilis and Hepatitis B. Two counseling sessions may be covered each year for adults at increased risk of STI. Screening more frequently during pregnancy.		
Ask your doctor. It is recommended to confirm the diagnosis and then as medically necessary.	Spirometry test for Chronic Obstructive Pulmonary Disease (COPD).		
Eight times within 12 months	Tobacco cessation counseling If you have signs or symptoms of tobacco-related disease, you may be responsible for additional costs.		
COLORECTAL CANCER SCREENINGS		APPOINTMENT SCHEDULED	SCREENING COMPLETE
Colonoscopy, every 10 years Recommended for people age 50 and older. For people at high risk, a colonoscopy or barium enema is recommended every 24 months.		Date of last screening	
Fecal occult blood test, every 12 months Recommended for people age 50 and older.			
Flexible sigmoidoscopy or barium enema, every four years Recommended for people age 50 and older. For people at high risk, a colonoscopy or barium enema is recommended every 24 months.		Date of last screening	
Multi-target stool DNA test, every three years Recommended for people age 50-85 with no symptoms of colorectal disease who are not at increased risk.			



Take the opportunity to ask your doctor if any of the following are concerns for you.

- **Challenges with medications**
- **Preventing falls**
- **Exercise and activity**
- **Any symptoms of depression, sadness or feeling down**



Nondiscrimination

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529).

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529).

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529).

Network Health Medicare Advantage Plans include MSA, HMO and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.