

Your doctor or health care practitioner will also perform a cognitive assessment to look for signs of dementia, including Alzheimer’s disease. Signs of cognitive impairment include trouble remembering, learning new things, concentrating, managing finances, and making decisions about your everyday life. If your doctor or health care practitioner thinks you may have cognitive impairment, Medicare covers a separate visit to do a more thorough review of your cognitive function and check for conditions like dementia, depression, anxiety, or delirium and design a care plan. Go to page 35.

Your doctor or health care practitioner will also evaluate your potential risk factors for a substance use disorder and refer you for treatment, if needed. If you use opioid medication, your provider will review your pain treatment plan, share information about non-opioid treatment options, and refer you to a specialist, as appropriate.

Note: Your first yearly “Wellness” visit can’t take place within 12 months of your Part B enrollment or your “Welcome to Medicare” preventive visit. However, you don’t need to have had a “Welcome to Medicare” preventive visit to qualify for a yearly “Wellness” visit.

You pay nothing for the yearly “Wellness” visit if the doctor or health care practitioner accepts **assignment**.

Important!

If your doctor or health care practitioner performs additional tests or services during your “Wellness” visit that Medicare doesn’t cover under this preventive benefit, you may have to pay a **coinsurance**, and the Part B **deductible** may apply. If Medicare doesn’t cover the additional tests or services (like a routine physical exam), you may have to pay the full amount.

What ISN’T covered by Part A and Part B?

Medicare doesn’t cover everything. If you need certain services Part A or Part B doesn’t cover, you’ll have to pay for them yourself unless:

- You have other coverage (including **Medicaid**) to cover the costs.
- You’re in a **Medicare Advantage Plan** or Medicare Cost Plan that covers these services. Medicare Advantage Plans and Medicare Cost Plans may cover some extra benefits, like fitness programs and vision, hearing, and dental services.

Some of the items and services that Original Medicare doesn’t cover include:

- ✘ Most dental care*
- ✘ Eye exams (for prescription eyeglasses)
- ✘ Dentures
- ✘ Long-term care
- ✘ Cosmetic surgery
- ✘ Massage therapy
- ✘ Routine physical exams
- ✘ Hearing aids and exams for fitting them

- ✘ Concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice, or direct care)
- ✘ Covered items or services you get from an opt-out doctor (go to page 60) or other provider (except in the case of an emergency or urgent need)

* **Note:** Original Medicare may pay for some dental services before, or as part of, certain related medical procedures (like before certain cardiac or organ transplant procedures).

Paying for long-term care

Medicare and most health insurance, including Medicare Supplement Insurance (Medigap), don't pay for long-term care. This type of care (sometimes called “long-term services and supports”) includes medical and non-medical care for people who have a chronic illness or disability. This includes personal care assistance, like help with everyday activities, including dressing, bathing and using the bathroom. Long-term care may also include home-delivered meals, adult day health care, home and community-based services and others. You may be eligible for this care through **Medicaid**, or you can choose to buy private long-term care insurance.

You can get long-term care at home, in the community, in an assisted living facility, or in a nursing home. **It's important to start planning for long-term care now to maintain your independence and to make sure you get the care you may need, in the setting you want, now and in the future.**

Long-term care resources

Use these resources to get more information about long-term care:

- Visit [longtermcare.acl.gov](https://www.longtermcare.acl.gov) to learn more about planning for long-term care.
- Call your State Insurance Department to get information about long-term care insurance. Call 1-800-MEDICARE (1-800-633-4227) to get the phone number. TTY users can call 1-877-486-2048.
- Call your State Medical Assistance (Medicaid) office or visit [Medicaid.gov](https://www.Medicaid.gov) and ask for information about long-term care coverage.
- Get a copy of “A Shopper’s Guide to Long-Term Care Insurance” from the National Association of Insurance Commissioners at content.naic.org/sites/default/files/publication-ltc-lp-shoppers-guide-long-term.pdf.
- Visit the Eldercare Locator at [eldercare.acl.gov](https://www.eldercare.acl.gov), or call 1-800-677-1116 to find help in your community.
- Call your State Health Insurance Assistance Program (SHIP). Go to pages 115–118 for the phone number of your local SHIP.