BY JIM MILLER

Special to the Times

Medicare actually offers a wide range of coverage to help beneficiaries who have diabetes, as well as those who are at risk of getting it — but they don't cover everything.

Here's a breakdown of what Medicare covers when it comes to diabetes services and supplies along with some other tips that can help you save money.

Doctor's services: If you're a Medicare beneficiary, Medicare Part B will pay 80 percent of the cost of all doctor's office visits that are related to diabetes. You are responsible for paying the remaining 20 percent after you've met your annual 2013 $147 Part B deductible.

Screenings: If you don't currently have diabetes, but you do have pre-diabetes or some other health conditions that put you at risk of getting it — such as high blood pressure, high cholesterol and triglycerides, are overweight, or have a family history of diabetes — Medicare will pay 100 percent of the cost of up to two diabetes screenings every year.

Education: If you have diabetes, Medicare covers 80 percent of the cost of self-management training (after you meet your Part B deductible) to teach you how to successfully manage your diabetes.

Supplies and medications: Eighty percent of the cost of glucose monitors, test strips and lancets (100 per month if you use insulin, or 33 per month if you don't), glucose control solutions and insulin (if you use an insulin pump) are covered by Medicare Part B, after you've met your deductible.

If, however, you inject insulin with a syringe, Medicare's Part D prescription drug benefit may help pay your insulin costs and the supplies needed to inject it — if you have a plan. Part D plans also cover most other diabetic medications, too. You'll need to check your plan for details.

Nutrition: Medicare will pick up the entire tab for medical nutrition therapy, which teaches you how to adjust your diet so you can better manage your condition. You'll need a doctor's referral to get this service.

Blood sugar tests: Also known as a hemoglobin A1c test, this checks your average blood sugar level over the past three months to determine how well your diabetes is being controlled. Medicare covers this test when your doctor orders it.

Foot exams: Since foot problems are common among people with diabetes, Medicare also covers 80 percent of foot care every six months for diabetics with diabetes-related nerve damage, and therapeutic shoes for people with severe diabetic foot disease. Orthopedic shoes

are not covered.

Eye exams: Because eye diseases like diabetic retinopathy, glaucoma and cataracts are more common in diabetics, 80 percent of dilated eye exams are covered each year, but eye exams for glasses are not.

For more information, call Medicare at 800-633-4227 and ask them to mail you a free copy of the “Medicare’s Coverage of Diabetes Supplies & Services” booklet (publication 11022), or visit medicare.gov/pubs/pdf/11022.pdf.

Other Insurance

If you have a Medigap (Medicare supplemental insurance) policy, it may pay some of the costs that Medicare doesn’t cover. Call your supplemental plan’s benefits administrator for more information.

Or, if you’re in a Medicare Advantage plan (like an HMO or PPO), your plan must give you at least the same diabetes coverage as original Medicare does, but it may have different rules. You’ll need to check your policy for details.

Financial Assistance

If you’re income is low and you can’t afford your Medicare out-of-pocket costs, you may be able to get help through Medicare Savings Programs. Call your local Medicaid office for eligibility information.

Also, find out if you are eligible for “Extra Help” which assists Medicare Part D beneficiaries with their medication expenses. Visit www.ssa.gov/prescriptionhelp or call Social Security (800-772-1213) to learn more.