



Women’s Brain Health

Brain health is a broad and multifaceted field. In this chapter, readers will learn about brain health and diseases that can impact the brain, with a specific focus on mild cognitive impairment (MCI), Alzheimer’s disease, and other types of dementia. Readers will also learn what Medicare benefits and services are available for women to support their brain health and manage diseases that can impact the brain as they age.

Why Should Women Focus on Brain Health?

The brain is a critical, complex organ. As the nervous system’s command center, it controls motor function, memory, thought, emotion, and sensation. It also regulates daily functions like walking, talking, and eating.

It’s important for people to care for their brains across their lifespan. Caring for your brain includes taking proactive, **evidence-based steps** to keep the brain as healthy as possible, such as eating a healthy diet, getting enough physical exercise, and doing brain exercises as well as having regular screenings. Regular cognitive screenings can help detect neurological changes early, allowing people to take action as early as possible to address their symptoms, improve treatment outcomes, and potentially even slow the progression of serious brain conditions.

Brain Health vs. Cognitive Health

According to the **National Institute on Aging (NIA)**, brain health is an overarching term referring to how well a person’s brain functions across several areas. Those areas include:

- **Cognitive health** – how well a person thinks, learns, and remembers
- **Emotional function** – how well a person interprets and responds to emotions
- **Motor function** – how well a person controls their movements and balance
- **Sensory function** – how well a person can see, hear, taste, and smell
- **Tactile function** – how well a person feels and responds to touch and temperature

As people age, some mild cognitive changes, such as decreases in attention and thinking speed, are considered normal. Other changes, such as having trouble expressing oneself in conversation or quickly forgetting things, aren't. Experiencing these types of changes could point to cognitive impairment related to Alzheimer's disease; frontotemporal dementia (brain disorders caused by damage to the frontal and temporal lobes of the brain); vascular dementia (dementia that occurs when there is not enough blood flow to the brain); or dementia with Lewy bodies (a disease of the brain caused by abnormal clumps of alpha-synuclein protein in the brain), among others.

Alzheimer's disease is the most common cause of dementia, affecting more than **7 million people**

ages 65 and older in the United States. In fact, 1 in 9 people 65 and older has Alzheimer's disease. And women account for about two-thirds of Americans living with Alzheimer's disease.

It also is estimated that women represent more than **60% of unpaid caregivers for people living with dementia** in the United States. This is important because, though caregiving can be rewarding, it can take a toll on the caregiver's financial well-being and physical health.

For many years, it was believed that this greater impact of Alzheimer's on women was simply a result of the fact that women live longer than men and older age is the greatest risk factor. However, research is showing that dementia also affects women differently than men. **Research** suggests women may start

Stages of Alzheimer's Disease

Adapted from the **Alzheimer's Association.*

Every person's experience with Alzheimer's disease is unique. People may experience varying symptoms of Alzheimer's disease and may move through the stages of Alzheimer's disease differently.*

Preclinical Alzheimer's Disease – The period when brain changes associated with Alzheimer's disease begin. These changes can begin to occur years before any signs or symptoms of the disease appear.

Mild Cognitive Impairment Due to Alzheimer's Disease – In this stage, mild changes in memory and thinking are noticeable and can be measured on mental status tests, but they are not severe enough to disrupt a person's day-to-day life.

Early-Stage Alzheimer's Disease (Mild) – With early-stage Alzheimer's disease, a person may function independently but may feel more forgetful. They may have trouble performing work tasks or producing the right word, forget material they just read, or misplace objects.

Middle-Stage Alzheimer's Disease (Moderate) – Dementia symptoms in the middle stage are more prominent, requiring a greater level of care. People in this stage may not be able to perform routine tasks or express their thoughts and may begin to struggle recalling personal information, such as their address, telephone number, or high school. They may get lost more easily, be confused about where they are, or need help with things like choosing seasonally appropriate clothing. Middle-stage Alzheimer's is typically the longest stage and can last for years.

Late-Stage Alzheimer's Disease (Severe) – Late-stage Alzheimer's disease occurs when dementia symptoms become intense, affecting how people are able to interact and move. People in this stage may experience physical changes, such as difficulty walking or swallowing; require around-the-clock assistance with daily care; and lose awareness of their surroundings.

**Almost everyone diagnosed with Alzheimer's disease develops neuropsychiatric symptoms at some point during their disease. Neuropsychiatric symptoms are behavioral and psychological changes that may include aggression, agitation, anxiety, apathy, and depression. These symptoms can affect daily function and quality of life.*

*For information about how the stages of Alzheimer's disease are defined and used in regulatory and clinical contexts, see the **U.S. Food and Drug Administration's guidance**.*

out with higher cognition levels and better executive function and memory, but if they get dementia, they have faster cognitive decline than men. Studies have looked at the effect of hormones, both estrogen and testosterone; differences in the makeup of the brain and stronger inflammatory responses in women than men; as well as work, education, and family patterns throughout a woman's lifetime. There are a number of reasons why women are impacted differently, and researchers are still determining what drives sex-based differences in Alzheimer's disease.

Key Brain Health Terms



- **Alzheimer's disease** – a progressive neurological disorder that affects memory, thinking, and behavior and is the most common form of dementia
- **Alzheimer's disease and related dementias (AD/ADRD)** – an umbrella term describing a group of conditions (including Alzheimer's disease, vascular dementia, and Lewy body dementia) that impair memory, thought processes, and functioning
- **Brain health** – how well a person's brain functions with respect to cognitive health, emotional function, motor function, sensory function, and tactile function
- **Cognitive health** – how well a person thinks, learns, and remembers
- **Dementia** – a general term for declines in memory, language, problem-solving, and other cognitive abilities that become serious enough to disrupt daily life
- **Mild cognitive impairment (MCI)** – a condition where memory and other cognitive abilities have declined more than what occurs in normal aging but have not yet reached the stage of dementia
- **Neurodegenerative diseases** – diseases or injuries that can harm the brain, affecting how people perceive and engage with the world and often resulting in substantial or sometimes disabling behavioral or psychological symptoms
- **Neuropsychiatric symptoms (NPS)** – psychiatric symptoms that stem from underlying brain disorders; NPS of Alzheimer's disease are often typical of more severe cognitive decline and advancing disease and include depression, anxiety, agitation, aggression, apathy, sleep disturbances, psychosis, and wandering

Brain Health at Medicare Age: What to Know?

Risk Factors

While much is still being discovered about the brain, we know that the greatest non-modifiable risk factors for all types of dementia are age, genetics, family history, race, and ethnicity. African Americans, Latinos, American Indians, and Alaska Natives **have the highest rates** of dementia. Other risk factors for dementia include:

- Excessive alcohol use or substance use
- Poor cardiovascular and metabolic health (e.g., high blood pressure, heart disease, obesity, diabetes)
- Chronic kidney disease
- Traumatic brain injury or repeated head impacts or concussions
- Seizure disorders
- Long-term use of certain medications
- Poor mental health
- Physical inactivity
- Poor nutrition (e.g., not enough whole foods; too many processed foods; foods high in fat, salt, additives, and sugar)
- Poor sleep
- Using tobacco
- High stress
- Social isolation

For Alzheimer's disease, biological sex is a risk factor; women have a higher risk of developing the disease.

While some risk factors for Alzheimer's disease and other dementias may be outside of their control, women can take specific steps in their daily habits to potentially reduce their risk.



Featured Find!

Brain Health Habit Builder

Alzheimer's Association

This online tool shares how daily habits affect brain health, offers insights about where improvements can be made, and helps build an action plan for better brain health.

Tips to Support Brain Health

Studies have shown that certain lifestyle choices, including following a healthy diet, getting regular physical activity, engaging in social interactions, and pursuing creative and intellectual activities, can have a positive influence on overall brain health as well as cognitive health. **Research** has shown that even at older ages, lifestyle changes can improve thinking and memory and even slow typical cognitive decline associated with aging.

Even small changes in your daily activities can support your brain health. This includes activities such as:

- **Creative and intellectual engagement:** Keep your brain engaged through mentally stimulating and creative activities. This could include reading, solving puzzles or math problems, taking courses, learning new skills, painting, or doing crafts. Mentoring or volunteering also provides intellectual stimulation and purpose.
- **Heart health: Control high blood pressure (hypertension), high cholesterol, and blood sugar.**
- **Nutrition:** Focus on eating whole foods (fruits, vegetables, whole grains) and a balanced diet that includes lean meats, seafood, and unsaturated fats (e.g., olive oil). Try to limit processed and **ultraprocessed foods** and other fats and sugars. **The MIND diet** is a brain-healthy eating plan that has been linked to a lower risk of cognitive impairment and slower rates of cognitive decline.
- **Physical activity:** Get in as much moderate-intensity physical activity each week as you can. “Moderate-intensity” means that you’re working hard enough to raise your heart rate and break a sweat, but you can still carry on a conversation. Some studies have suggested 150 minutes per week is ideal, but other studies show that even as little as **35 minutes of moderate to vigorous physical activity per week** can lower the risk of developing dementia.
- **Sleep:** Try to get seven to eight hours of sleep each night. Identifying and treating any sleep disorders, such as obstructive sleep apnea, may also help improve cognition.
- **Socialization:** Connect with people, including friends and family, for emotional support and mental stimulation.

Healthcare Providers

Several types of healthcare providers (HCPs) see patients for brain health concerns or conditions.

- A **primary care provider (PCP)** is an HCP who helps manage a person’s general health over time. They offer preventive care, screenings, and immunizations and also diagnose and treat a wide range of conditions.
- A **geriatrician** is a clinician who specializes in conditions of older adults, including cognitive decline and chronic diseases, and their care.
- A **neurologist** is a doctor who specializes in the nervous system, including the brain and spinal cord. People may be referred to a neurologist by a primary care provider or geriatrician if Alzheimer’s disease or dementia is suspected.
- A **physician assistant/physician associate (PA)** is a licensed clinician who practices medicine across different specialties and healthcare settings. PAs are important members of a care team, conducting cognitive assessments, developing care plans, and providing ongoing support and education to patients and families.
- A **nurse practitioner (NP)**, a type of advanced practice registered nurse (APRN), is a registered nurse with advanced training in administering patient care. NPs diagnose, treat and manage acute and chronic diseases, while emphasizing health.

Providers who also may assist in the treatment of those with MCI, Alzheimer’s disease, or other dementias include neuropsychologists, neurodegenerative disorder specialists, physical therapists, occupational therapists, mental health professionals, and speech-language pathologists, among others.

While Medicare generally covers visits for primary care providers and geriatricians, coverage and deductibles may vary depending on factors such as the type of Medicare plan and provider participation. Those with Medicare Advantage will likely have to stay within the plan’s network and may require a referral. Coverage for visits with other specialists may be dependent on whether the specialist participates in Medicare. Checking with your plan to confirm what is covered in advance is important and could prevent unexpected bills.

Cognitive Assessments and Diagnostic Tests for Alzheimer’s Disease

To test for cognitive impairment, including for Alzheimer’s disease, your HCP may do some of these tests at your healthcare visit or refer you to a specialist:

- Medical history and physical exam.
- Neurological exam to test reflexes, coordination, muscle strength, eye movement, and sensation.
- Cognitive assessment tests to evaluate memory, thinking, and problem-solving skills. These tests can be brief or more comprehensive and may be oral questions and answers or written items or may use computer programs.
- Blood biomarker tests to look for beta amyloid plaques, which indicate the possible presence of Alzheimer’s disease.
- Genetic testing to look for the APOE-e4 gene for Alzheimer’s disease or other genes related to other dementias.
- Brain imaging, such as magnetic resonance imaging (MRI), computed tomography (CT) and/or positron emission tomography (PET) scans.
- Cerebrospinal fluid tests.
- Sleep tests (at home or in a facility).
- Formal neuropsychiatric evaluation.

In May 2025, the U.S. Food and Drug Administration (FDA) **cleared the first blood test**, the Lumipulse G pTau 217/β-Amyloid 1-42 Plasma Ratio test, to help with detecting amyloid plaques associated with Alzheimer’s disease. Medicare coverage for this test may vary, so ask your HCP whether they offer the test and contact your Medicare or Medicare Advantage plan to ask about coverage.

In October 2025, the FDA **approved the Elecsys pTau181 test** as the first blood-based biomarker test for use in primary care settings to help aid in the initial assessment of Alzheimer’s disease and other causes of cognitive decline in adults ages 55 and older. Ask your HCP whether this test is appropriate for you.

Important: Currently no single test provides a definitive Alzheimer’s diagnosis. Your HCP should interpret results alongside other clinical information.



A Reminder: Healthcare Provider and Hospital Choice

Original Medicare	Medicare Advantage
You can visit any HPC or hospital in the United States that accepts Medicare.	These plans often require you to use HPCs and hospitals within the plan's network.
In most cases, referrals are not needed to see a specialist.	A referral from your primary care provider may be needed to see a specialist.

**Adapted from Medicare.gov.*

Brain Health Questions to Ask During Medicare Wellness Visits

These questions can be tailored to personal circumstances, medical history, and awareness of personal risk for Alzheimer's disease and dementia.

- How do you check for memory or thinking problems during this visit?
- Which, if any, tools do you use for cognitive or brain health assessment?
- My parent/grandparent/sibling had dementia. Does that increase my risk?
- What changes should I incorporate into my lifestyle to make sure I'm caring for my brain health as best I can?
- Are there activities or programs you recommend that could help keep my mind sharp?
- I've noticed some changes in my memory. [Describe memory changes here.] Are these changes a normal part of aging?
- How can I tell the difference between signs of dementia and normal aging?
- When you evaluate my memory, what kind of tool will you use?
- Are there signs I should watch for that might suggest cognitive decline or that I should come in for a cognitive health screening?
- Should I have a more complete cognitive evaluation? If not now, when?
- How often should I be screened for memory or thinking changes?
- Are any of my medications or my current health conditions possibly affecting my cognitive health?

Alzheimer's Association: What to expect when being evaluated for memory and thinking problems.

Taking Charge: My Brain Health Habit Tracker

Regardless of your stage of life, you can take steps now to support your brain health. This daily brain health habit tracker can help ensure you're taking steps each week to lead a brain-healthy lifestyle.

- I got at least 150 minutes (30 minutes a day, five days a week) of moderate-intensity physical activity.
- I put my brain to work by trying a new skill, taking a course, or solving puzzles.
- I did not smoke or vape.
- I ate whole, less processed foods, including vegetables, fish, and healthy fats.
- I prioritized my sleep (7-8 hours a night).
- I engaged with friends and family.
- I managed my blood pressure and controlled any other health conditions, such as diabetes.
- I protected my head by wearing my seatbelt in the car and wearing a helmet during activities like biking, skiing, and skating.



Care Considerations with Original Medicare and Medicare Advantage

As you think about which coverage pathway between Original Medicare and Medicare Advantage is right for you, you'll have to consider your unique circumstances and which path provides services that are most important to you.

For example, a 2022 **analysis of Medicare beneficiaries** found that Medicare Advantage enrollees were in a plan that included about half (48%) of the physicians available to Original Medicare beneficiaries. The narrower network of providers available with Medicare Advantage could significantly limit timely and consistent access to specialists, such as neurologists, unless the enrollees were to go out-of-network and pay more. Additionally, under Medicare Advantage, beneficiaries are not able to buy supplemental coverage to help pay out-of-pocket costs (Medigap).

Yet, Medicare Advantage plans may offer additional benefits that could be valuable for someone with dementia, including protections for out-of-pocket costs. Most Medicare Advantage plans also include Medicare Part D, or prescription drug coverage, as part of their overall health benefits.

It's important to understand your coverage and needs and what will save you the most on costs.

Validated Cognitive Assessment Tools

There are several tools that exist to help assess cognitive impairment. While there's no single tool that's considered the "best," there are tools that are standardized and evidence-based. These are called validated cognitive assessment tools.

Some of the most well-known cognitive assessment tools include:

- **AD8 Dementia Screening Interview** – a short test consisting of eight yes-or-no questions about changes in a person's thinking, memory, and behavior.
- **Mini-Cog** – a three-minute test that includes a three-item recall test for memory and a clock drawing test.
- **Montreal Cognitive Assessment (MoCA)** – a 10-12 minute assessment that tests memory, executive functions (e.g., planning, focus), language, and visuospatial abilities (i.e., ability to understand and work with what you see around you).
- **Rowland Universal Dementia Assessment Scale (RUDAS)** – a six-item screening measure that is designed to assess cognitive performance.

Learn more from the **National Institute on Aging**.

Medicare Coverage for Brain Health

Eligibility

While most people start Medicare at age 65, people with a qualifying disability who have been receiving Social Security Disability Insurance (SSDI) benefits for more than 24 months **may be able to receive Medicare coverage earlier**. For example, **early-onset or young-onset Alzheimer's disease**, which is Alzheimer's diagnosed before age 65, counts as a qualifying disability.

Coverage

Since testing, treatment, and care options for Alzheimer's disease and dementia are rapidly evolving, it is important to continue discussing your Medicare coverage for brain health with your HCP. For example, the Medicare program is also testing how to support new care models for those



diagnosed with dementia, such as the **GUIDE (Guiding an Improved Dementia Experience) Model**, that provide greater support for families and their care needs. You can check with your HCP to see if they are participating in one of these programs.

A Note on Medicare Coverage

Original Medicare and Medicare Advantage plans may have different **cost-sharing** amounts (the out-of-pocket expenses like deductibles, coinsurance, and copayments that beneficiaries pay for Medicare services), so it's important to check your plan's coverage details. Additionally, many people with Original Medicare purchase Medigap — a supplemental insurance — that helps pay for these cost-shares. For those who qualify for retiree benefits through their former employer, their retiree plan may cover these costs. And for those who are dually eligible for Medicaid, states pay for Part B cost-sharing.

Consider reaching out to Medicare at **1-800-MEDICARE (1-800-633-4227)** or your State Health Insurance Assistance Program to answer questions and provide additional clarification.

Today, Medicare provides **the following types of coverage** that can help support brain health specifically related to MCI, Alzheimer's disease, and dementia:

● Preventive and Screening Services

Medicare Part B covers many preventive services that can help women support their brain health as they age, including health risk assessments and health screenings. These include:

- **“Welcome to Medicare” visit** – An initial, one-time visit that takes place within the first 12 months of enrolling in Medicare Part B.
- **Annual wellness visit** – Available every 12 months after the first year on Medicare Part B and focused on prevention, including a health risk assessment, review of current providers and medications, creation of a screening checklist, and cognitive impairment screening. While screenings may be provided during these visits, some HCPs do not proactively offer them unless the patient raises concerns about their cognitive health. If you have concerns, it's important to speak to your HCP.

Note: Medicare does not cover routine physical exams. **Learn more about yearly wellness visits.**

- **Cognitive assessment** – If your HCP suspects cognitive impairment during your annual wellness visit or at any other appointment, a separate visit will be scheduled. During this visit, your HCP may evaluate cognitive function using diagnostic tools, such as cognitive and functional assessments, neurological exams, and brain imaging. Brain imaging may include MRI, CT, or PET scans. **Learn more at AARP.**

Cognitive assessments are subject to Medicare's Part B deductible and 20% **coinsurance. If you have Medigap or other sources of supplemental coverage, it can help cover your coinsurance.*

● Diagnostic and Evaluation Services

- **Brain imaging** – Brain imaging is usually covered by Medicare Part B, as long as it's deemed medically necessary by your HCP.
 - **Magnetic resonance imaging (MRI) scan** – Medicare will cover an MRI to help inform a diagnosis after cognitive impairment is identified.

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible. If you have Medigap or other sources of supplemental coverage, it can help cover your coinsurance. Those with Medicare Advantage plans may have different cost-sharing amounts, so it's important to check your plan's details.*

- **Computed tomography (CT) scan** – Medicare Part B covers CT scans when they're deemed medically necessary for a diagnosis of dementia.

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible. If you have Medigap or other sources of supplemental coverage, it can help cover your coinsurance.*

- **Positron emission tomography (PET) scan** – PET scans are generally covered by Medicare Part B to help inform the diagnosis of Alzheimer's disease if they are deemed medically necessary and conducted at a Medicare-approved facility. However, there may be some nuances related to coverage depending on the type of PET scan you receive. Additionally, depending on your plan, you may need a referral to a specialist or prior authorization.

Medicare beneficiaries who get a PET scan may incur some out-of-pocket costs, such as deductibles, **copayments, or coinsurance.*

- **Genetic testing** – Medicare Part B **may cover genetic tests** if an HCP has ordered the test, the test is deemed necessary to diagnose or treat a medical condition, and if the FDA has approved or cleared the test. Generally, a person must be showing signs and symptoms of a condition to receive Medicare coverage; the test won't be covered to determine risk of developing a disease in the future.

Only tests that are recommended by the **U.S. Preventive Services Task Force, a panel of experts who make recommendations regarding preventive health services, are fully covered with no cost-sharing or out-of-pocket costs. See the list of **recommended medical services**.*

- **Neuropsychological testing** – These tests, which measure abilities like memory, attention, and problem-solving, are covered by Medicare to help inform the diagnosis of cognitive impairment.

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible.*

- **Treatment: Medications, Devices, and Monitoring**

There are several drugs available for people navigating cognitive impairment, whether it is MCI, Alzheimer's disease, or other forms of dementia. Some drugs are used to treat the symptoms of cognitive impairment, while others are designed to change the course of cognitive impairment. These drugs are covered differently under Medicare Part B and Medicare Part D, depending on how they are administered (i.e., by mouth or through infusion or injection administered in a hospital or physician's office).

- **Medicare Part B Drugs**

Monoclonal antibodies – Medicare Part B covers monoclonal antibody treatments (donanemab and lecanemab) — which target beta-amyloid plaques — that have been approved by the FDA for the treatment of MCI due to Alzheimer's disease and early Alzheimer's disease. To get coverage for treatment:

- Your HCP will need to enroll you in a CMS-approved study or registry for Medicare requirements.

- You must meet certain eligibility requirements for coverage (e.g., have a diagnosis of MCI due to Alzheimer's disease or early Alzheimer's dementia, have testing that shows amyloid plaque accumulation).
- You must be diagnosed with either MCI due to Alzheimer's disease or mild dementia due to Alzheimer's disease.

The treatment landscape in Alzheimer's disease and evidence on Alzheimer's treatment are rapidly changing. So, it's important to continue to check with your HCP to determine whether a treatment is covered, whether you are eligible for it, and whether you may be eligible for payment. **Learn more about monoclonal antibodies coverage.**

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible. If you have Medigap, it can help cover your coinsurance.*

- **Medicare Part D Drugs**

Medicare Part D drug plans must cover at least two medications in each drug category, including some drugs used to treat Alzheimer's disease. These drugs are decided by the plan's **formulary**. However, Part D plans don't have to cover every medication used to treat Alzheimer's disease symptoms. Because each plan covers different medications, it's important to check whether your specific prescriptions are included when choosing or changing a Part D plan.

Note: Your total costs for Medicare drug coverage will depend on your plan. If your plan has a deductible, you pay all out-of-pocket costs for your medications until you reach the full deductible. Then, you'll pay a percentage of the cost as coinsurance for your drugs until your out-of-pocket reaches a maximum amount. This maximum amount changes each year. **Learn more at Medicare.gov.**

- **Behavioral and psychological (neuropsychiatric) medications** – Medicare drug plans (Part D) are required to cover almost all medications in certain important categories, including antidepressants, antipsychotics, and anti-seizure medicines. These medications are often used to help manage symptoms that can occur with Alzheimer's disease and other **dementias**.

This rule is meant to help make sure people with Medicare can continue getting the medications their HCPs say they need. However, your plan may still place medications on different cost tiers or require steps like prior authorization before covering them.

- **Cholinesterase inhibitors** – All Medicare Part D plans must cover at least two cholinesterase inhibitors, which are used to treat mild to moderate dementia symptoms (e.g., memory, thinking, judgment) in their formularies.
- **Glutamate regulators** – Medicare Part D plans must cover at least two glutamate regulators, which may be prescribed to improve dementia symptoms, such as attention, memory, and reason, in their formularies.
- **Sleep medications** – Sleep medications are generally covered by Medicare Part D plans if they are prescribed by an HCP, but plans may cover different drugs under their formulary. Similarly, pricing for sleep medications will vary from plan to plan.
- **Remote monitoring** – Your HCP may offer remote monitoring, which lets you collect and share health data (e.g., blood pressure, glucose levels) with your HCP. This service, if offered by your HCP, is broadly covered for chronic and acute conditions. Coverage will be dependent on whether the device is deemed necessary by an HCP for monitoring. **Learn more at [CMS.gov](https://www.cms.gov).**

Original Medicare **doesn't cover medical alert systems**, but certain Medicare Advantage plans may. Review various plans' coverage details for additional information.



Importance of Reviewing Coverage Annually

Choosing the Right Medicare Coverage as Your Needs Change

Your access to certain services and benefits can vary depending on whether you have Original Medicare or a Medicare Advantage plan. Similarly, coverage rules, provider networks, prior authorization requirements, and out-of-pocket costs can be different between plans. This includes differences in coverage for testing and for treatment of cognitive health. Even if your current plan covers the benefits you need today, it's important to review your coverage regularly as your health needs change.

It's also important to consider whether switching from Original Medicare to a Medicare Advantage plan (or vice versa) will cause any disruptions to your health and financial needs. For example, you may not be able to enroll in a Medigap plan if you switch to a Medicare Advantage plan and then try to come back to Original Medicare.

Alzheimer's disease or other progressive conditions can require different types and levels of care over time, so reassessing and consulting with your plan each year on your specific testing and treatment needs can help make sure you continue to have access to the services and supports that are right for you.

Care Management and Planning

- **Care planning** – Your HCP may offer care planning for people diagnosed with cognitive impairment and their caregivers. Care planning provides information about medical and non-medical treatment options, **clinical trials**, and local support services. People diagnosed with cognitive impairment can get Medicare coverage for care planning with a medical professional. **Learn more from the [Alzheimer's Association](https://www.alz.org).**
- **Chronic care management** – Your HCP may offer **chronic care management (CCM) services**, which are services for people with two or more significant chronic conditions, including Alzheimer's disease. These services, which take place by phone or on a telehealth

platform, include helping patients manage their condition (e.g., support going between health settings, review of medications) and providing access to a 24/7 healthcare team. **CCM** services are covered for eligible individuals by Medicare Part B. **Learn more about CCM.**

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible.*

- **Advance care planning** – Medicare Part B covers advance care planning, which are discussions with your HCP about preparing for future medical care if you'll need help making decisions for yourself. The service can be a part of your annual wellness visit, or your provider can offer it separately as a medically necessary service if the meeting takes place at another time. **Learn more about advance care planning coverage** and **access advance care planning worksheets.**

**You won't pay anything if the meeting happens as part of your annual wellness visit. If you get the service at another time, the Part B deductible and coinsurance will apply.*

- **Caregiver training services** – Medicare Part B covers caregiver training services for certain caregivers of people on Medicare. If it is deemed appropriate by an HCP, the caregiver can get an individual or group training session that will teach caregivers how to give medications, help with daily tasks, care for wounds, and more. **Learn more about caregiver training services.**

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible.*

- **Rehabilitation and Functional Support Services**

Medicare Part B offers several services that can support people diagnosed with dementia. These services are aimed at preserving independence and improving quality of life.

- **Occupational therapy** is intended to help people develop, maintain, or recover the physical skills needed to perform everyday tasks, such as exercises to help improve basic and fine motor skills or slow the rate of decline. Medicare Part B will provide coverage for occupational services if an HCP certifies

that it is necessary and if the services are delivered in an outpatient setting. **Learn more about occupational therapy.**

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible.*

- **Physical therapy** helps restore or improve physical movement in the body after an injury, illness, or surgery. Medicare Part B provides coverage if an HCP certifies it is necessary and if the services are delivered in an outpatient setting. **Learn more about physical therapy.**

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible.*

- **Speech-language pathology services** evaluate speech and language skills, including cognitive and swallowing skills, and provide rehabilitation. Medicare Part B will provide coverage if an HCP certifies them necessary and if the services are delivered in an outpatient setting. **Learn more about speech therapy.**

**You are responsible for 20% of the Medicare-approved amount after meeting the Part B deductible.*

- **Mobility assistive equipment** includes certain items, such as canes, walkers, and wheelchairs, that Medicare will cover if deemed reasonable and necessary for your condition by your HCP.

**You are responsible for 20% of the cost.*

- **Mental Health and Behavioral Health Services**

- **Annual Depression Screening:** Medicare covers an annual depression screening provided by your HCP.

**This visit is covered as long as the HCP accepts Medicare.*



Featured Find!

What Does Medicare Cover for Alzheimer's Disease?

National Council on Aging

988 Suicide & Crisis Lifeline

If you or someone you know is struggling or in crisis or having thoughts of suicide, help is available 24 hours a day, seven days a week.

Call or text 988, the free and confidential Suicide & Crisis Lifeline. You can also connect with a trained crisis counselor through web chat at [988lifeline.org](https://www.988lifeline.org). The lifeline is also available to people who are deaf/heard of hearing and Spanish speakers.

- **Outpatient Mental Health Services** – Medicare Part B covers several outpatient mental health services, including psychiatric evaluation, family counseling, and safety planning interventions. **Learn more about outpatient mental health services.**
- **Medical Social Services** – If you are getting skilled care (e.g., physical or occupational therapy), your HCP may order medical social services to help address social and emotional concerns that may interfere with recovery. **Learn more about Medicare and home health care.**



Featured Find! Alzheimer's Disease Topic Sheets on Medicare

Alzheimer's Association

- **Choosing a Medicare Drug Plan for Individuals with Alzheimer's Disease**
- **Medicare Hospice Benefit**
- **What a Beneficiary Can Do If Medicare Refuses to Pay for a Medical Service**
- **Assistance with the Costs of Medicare Premiums and Deductibles**
- **Medicare Home Health Training for Dementia Caregivers**

Find all of the topic sheets on the [Alzheimer's Association website](https://www.alz.org).

Medicare Special Needs Plans (SNPs) are a special kind of Medicare Advantage plan that are uniquely designed for — and are uniquely available to — individuals with Alzheimer's and other forms of dementia.

Cognitive Health and Medicare: What If ...?

CARE COVERAGE AND ONGOING CARE

Q: What should I do if I'm worried about my memory?

A: Tell your HCP right away, even if the changes seem small. Medicare covers cognitive assessments, including follow-up testing, if your HCP has concerns. Early evaluation can help identify conditions, allow for more treatment options, and connect you to support services, such as care planning or dementia care programs.

Q: What if I need to travel to another state for my dementia care? Will my coverage be affected?

A: Your coverage might be affected when traveling to another state, depending on what plan you have. If you have Original Medicare (Parts A and B), you can visit any HCP or hospital in the United States that accepts Medicare, though prescription drug coverage under Part D can vary from state to state.

If you have a Medicare Advantage plan, your coverage outside of your home state will depend on your specific plan. It's important to understand the specifics of your plan before obtaining care in another state.

Contact your Original Medicare or Medicare Advantage plan for specific information about coverage in other states.

Q: What if my specialist isn't in my Medicare Advantage plan's network?

A: You may need to get a referral, or you could face higher costs for seeing an out-of-network provider. Some Medicare Advantage plans do not offer any coverage if you go out of network. During open enrollment, you can explore switching to a different Medicare Advantage plan that includes your current specialists or enrolling in Original Medicare.

Q: Will Medicare cover telehealth for my brain health or dementia-related care?

A: In many cases, yes. Medicare covers a wide range of telehealth services, such as video telehealth visits, when provided by eligible clinicians for routine brain-health and dementia-care conversations. For other services, such

as functional maintenance services (e.g., occupational therapy, physical therapy), coverage can differ, especially if the visits are happening across state lines. Before your visit, it's a good idea to check with your provider or plan to confirm coverage.

MEDICATION COVERAGE

Q: Will Medicare cover my prescribed medication(s) for Alzheimer's?

A: Coverage will depend on the medication and your specific Medicare plan. Most oral medications for Alzheimer's disease are generally covered under Medicare Part D. Other treatments, such as monoclonal antibodies that are given as an infusion, are covered under Medicare Part B and may require additional steps, such as meeting clinical criteria or enrolling in a study or registry. Your HCP and your plan can explain what's covered and what your out-of-pocket cost may be.

Q: What if I can't afford my Alzheimer's medication?

A: If you can't afford your medication through a Part D plan:

- You may qualify for the Extra Help program, which helps cover the cost of deductibles and copays. Additionally, whether you receive your medications through a Part D plan or Medicare Advantage plan, you are able to participate in the Medicare Prescription Payment Plan and spread the costs of your Alzheimer's medication throughout the year rather than paying all costs at once. **Learn more about the Extra Help program** and the **Medicare Prescription Payment Plan**.
- Some states also administer State Pharmaceutical Assistance Programs (SPAPs) that provide financial assistance with Medicare drug plan premiums and/or cost-sharing. **Learn more about SPAPs in your area**.
- Some pharmaceutical companies help pay for prescriptions for people who have Medicare Part D through pharmaceutical assistance programs. Applying for a **pharmaceutical assistance program**, when available, or switching to a generic version of your medication, may also help reduce out-of-pocket costs. **Learn about pharmaceutical assistance programs**.

If you can't afford your medication through Medicare Part B:

- You may be able to get help from your state through a **Medicare Savings Program (MSP)**. Even if you don't think you qualify, you should still apply. MSPs that may support coverage for medications include:
 - **Qualified Medicare Beneficiary Program** – Helps pay for Part A premiums (if you don't have premium-free Part A) and Part B premiums, deductibles, coinsurance, and copayments.
 - **Specified Low-Income Medicare Beneficiary Program** – Helps pay for Part B premiums. (You must have both Medicare Part A and Medicare Part B to qualify.)
 - **Qualifying Individual Program** – Helps pay for Medicare Part B premiums. (You must have both Medicare Part A and Medicare Part B to qualify.)
- You may be able to purchase a Medigap plan (supplemental insurance) that can help cover coinsurance costs, depending on your health status. However, it's important to note that if you are enrolled in a Medicare Advantage plan and want to move to Original Medicare, it may be difficult to find an affordable Medigap plan. Medigap plans can reject your application, require additional premium amounts, or impose a waiting period for coverage if you have certain health conditions. This applies in all states other than Connecticut, Massachusetts, Maine, and New York.
- Explore whether you might be eligible for Medicaid. Medicaid eligibility varies by state and is based on income, household size, and factors like age or disability. If you're eligible for Medicaid, it may help cover out-of-pocket costs.



CAREGIVERS

Q: What if I'm a caregiver for someone with Alzheimer's or dementia and need help?

A: Talk to the HCP of the person for whom you're caring. Medicare-covered care planning visits allow caregivers to participate. If your local providers participate in the **GUIDE Model**, caregivers may also have access to education, navigation support, and respite services.

The Alzheimer's Association also has a **24/7 Alzheimer's & Dementia Helpline** (1-800-272-3900) that is staffed by licensed social workers. It's a free service that offers support for people living with dementia as well as their caregivers, their families, and the public.

A Primer on the Medicare Guide Model

The Guiding an Improved Dementia Experience (GUIDE) Model is a voluntary, nationwide program designed to make life easier for people living with dementia and the caregivers who support them. The program began July 1, 2024, and will run for eight years to test how providing comprehensive services can improve quality of life and reduce stress for families.

If you are eligible for GUIDE, you can find an HCP or care team participating in GUIDE and offering GUIDE services, including:

- A **dedicated care navigator** who can help coordinate care, answer questions, and connect you with community resources
- **Medical and nonmedical support**, including planning, symptom management, and social services
- **Help for caregivers**, including respite services so caregivers can recharge and feel more confident in their caregiving duties
- An **interdisciplinary care team** of HCPs and specialists who work together to streamline your care experience

Learn more about how GUIDE works, whether you're eligible, and how to find a provider.

Institutional and Long-Term Care for Brain Health: Covered or Not?

People living with dementia, including Alzheimer's disease, often require institutional and long-term care as their condition progresses because the disease can affect behavior and the ability to perform daily activities. It can be helpful for people who are experiencing cognitive decline to get support outside the home, including continuous supervision, structured routines, and specialized medical support. Long-term care settings can provide safe spaces where people living with dementia have access to important medical care while receiving ongoing support for their brain health and overall well-being.



Featured Find!

Institutional and Long-Term Care Medicare.gov Resources

- **Outpatient Hospital Services**
- **Inpatient Hospital Care Services**
- **Inpatient Rehabilitation Facilities**
- **Home Health Services**
- **Medicare and Home Health Care**
- **Long-Term Care**
- **Nursing Homes**
- **Resources and Information for Patients and Caregivers**

Type: Outpatient Hospital Services

Description: Procedures and treatments that may be performed at a hospital but don't require an overnight stay (e.g., laboratory tests billed by the hospital, preventive and screening services, X-rays, and other radiology services billed by the hospital).

? Covered? Maybe. Medicare Part B covers several diagnostic and treatment services that are performed in hospitals that accept Medicare. Beneficiaries usually pay 20% of the Medicare-approved amount for the services and a copayment for each service received in a hospital outpatient setting, unless it's a preventive service that doesn't have a copayment. **Learn more about outpatient hospital services.**

Type: Inpatient (Acute-Care) Hospital Services

Description: Medical care provided in a hospital or facility that involves the patient staying overnight or longer.

✓ **Covered?** Yes. Medicare Part A typically covers inpatient hospital care if: 1) the person is admitted after an HCP's order and 2) the hospital accepts Medicare. (Most hospitals accept Original Medicare; some hospitals do not accept Medicare Advantage plans.) People pay \$0 for days 1–60 (after the Part A deductible has been met). The cost for days 61–90 changes each year. For hospital stays longer than 90 days, the patient may opt to use **lifetime reserve days**. With lifetime reserve days, Medicare pays all covered costs except a daily copay. Information about costs for coverage can be found on **Medicare.gov**. Medicare Part B typically pays 80% of the Medicare-approved amount for the HCPs' services at the hospital. **Learn more about inpatient hospital care.**

Type: Inpatient Rehabilitation Facilities

Description: Rehabilitation programs in rehab hospitals or rehab units in acute care hospitals.

✓ **Covered?** Yes. Medicare Part A covers medically necessary care received in an inpatient rehab facility if an HCP certifies the care. People pay \$0 for days 1–60 (after the Part A deductible has been met). The cost for days 61–90 changes each year. For hospital stays longer than 90 days, the patient may opt to use lifetime reserve days. With lifetime reserve days, Medicare pays all covered costs except a daily copay. Information about costs for coverage can be found on **Medicare.gov**. Medicare Part B covers the HCP's services while in the facility. Medicare Advantage plans may have different rehabilitation benefits and approvals, so you should review this information when selecting a Medicare plan. **Learn more about inpatient rehabilitation care.**

Type: Long-Term Care Hospital Services

Description: Provide care to patients who need hospital care for more than 25 days on average and often have more than one serious medical condition. Many of these patients are transferred from an intensive or critical care unit.

✓ **Covered?** Yes, Medicare Part A covers long-term care hospital stays under certain circumstances, such as when patients need services such as respiratory therapy, head trauma treatment, therapy for a spinal cord injury, or pain management. **Learn more about long-term care hospital services.**

Lifetime Reserve Days

In Original Medicare, lifetime reserve days are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days you can use during your lifetime. These days cover any type of inpatient stay, including:

- Inpatient acute-care hospitals
- Inpatient rehabilitation facilities
- Inpatient psychiatric facilities

These days cannot be used for skilled nursing facilities.

Note that, while there are no limits on the number of hospital admissions that Medicare will cover, lifetime reserve days are not renewable year to year. You have 60 days to use over your lifetime. For example, if you use 35 days for one hospital stay, you will have 25 days left to use at any other time in life. If you have a Medigap policy, it will provide coverage of hospital coinsurance costs and extra days of inpatient coverage after your Medicare lifetime reserve days are used up.

While Medicare Advantage plans must cover the same inpatient hospital benefits as Original Medicare, including the 60 reserve days, Medicare Advantage plans may differ in terms of costs, such as copayments. Check your specific Medicare Advantage plan to determine coverage specifics.

Type: Hospice Care

Description: End-of-life care.

- ✓ **Covered?** Yes, Medicare Part A covers hospice care for eligible individuals that meet the following conditions:
- Your hospice provider and regular HCP certify you're terminally ill (with a life expectancy of six months or less).
 - You accept comfort care instead of care to treat or cure your illness.
 - You sign a statement choosing hospice care instead of other Medicare-covered treatment for your terminal illness.

Note that some hospice providers offer palliative care services, which do not require a patient to stop receiving other Medicare-covered benefits. Your HCP may discuss whether palliative care may be appropriate for you. [Learn more about hospice care.](#)

Type: Home Health Care

Description: Services that can be provided within the home for an illness or injury.

- ? **Covered?** Maybe. Medicare Part A and/or Part B cover eligible home health services if certain conditions are met, such as when a person is homebound and requires skilled services. People with dementia typically have home health care covered if it's deemed medically necessary and ordered by an HCP. Non-skilled services, such as assisting with everyday care and needs, are not covered. Medicare Advantage plans cover home health care, but the coverage may be different than under Original Medicare. [Learn more about home health services.](#)

Type: Long-Term Care Services

Description: Non-medical support services that help people live independently and safely, whether provided in a facility such as a nursing home or in a community setting. This may include assistance with transportation; help with daily activities, such as dressing and bathing; and meal delivery.

- ✓ **Covered?** No. Original Medicare, Medicare Advantage, and Medigap plans generally do not cover long-term care. Medicare Advantage may cover some supplemental healthcare benefits, such as meal delivery. [Learn more about options](#)

[for long-term care resources.](#) If you qualify for dual eligibility, you may be able to get long-term care coverage through Medicaid. [Learn more about Medicaid coverage for long-term care.](#) Other federal programs such as the Older Americans Act and the Department of Veterans Affairs pay for long-term care services, but only for specific populations and in certain circumstances.

Paying for Non-Medical Long-Term Care

If a person with Alzheimer's disease or dementia needs more care than can be provided at home or if they would prefer to be in a living environment with other people, there are a number of residential long-term care options to consider. However, Medicare does not pay for these options. Medicaid or private long-term care insurance may cover some of this care, or you can pay for this yourself out of pocket.

Note that Medicaid may seek repayment from the estate of a person who received Medicaid-funded long-term care after they pass away, including stays in nursing facilities and home and community-based services, through a process known as Medicaid estate recovery. Medicaid estate recovery can include claims against assets, including the Medicaid recipient's home. It's important to note that, while Medicare may not cover important care needs, using Medicaid may have implications for asset protection and estate planning. Understanding these rules can help families make informed decisions. [Learn more from the American Council on Aging.](#)

Type: Residential Memory Care (also called Alzheimer's Special Care Units)

Description: A type of residential long-term care that provides specialized, 24/7 care for people with memory issues. Memory care is different from assisted living facilities because it's specifically designed to meet the unique needs of people living with dementia.

- ? **Covered?** Partly. Original Medicare and Medicare Advantage will pay for any **medical care** administered within the facility, but they generally don't cover room and board or personal care.

Type: Skilled Nursing Facilities (SNFs)

Description: Live-in facilities that provide medical care on a full-time, short-term basis.

? **Covered?** Maybe. Original Medicare may cover skilled care at a nursing home or via home health care if the beneficiary meets certain conditions and requires short-term skilled care for an illness or injury. These conditions include:

- **Qualifying Hospital Stay:** The person must have been an inpatient in a hospital for at least three consecutive days. Certain SNFs may also be able to bypass the three-day requirement through the **skilled nursing facility three-day rule waiver**. Patients should ask their social worker or patient navigator whether the stay will be covered by their plan.
- **Admission Within a Certain Window After Leaving the Hospital:** The acceptable time frame is generally 30 days.
- **Medically Necessary Skilled Care:** Your HCP must certify that you need daily skilled care.
- **Medicare-Certified Facility:** The SNF must be Medicare-certified.

If all the conditions are met, Medicare Part A will cover benefits that include a semi-private room, skilled nursing care, medications, medical supplies, equipment, and more. **Learn more about skilled nursing facility care.**

Resources for Non-Medical Long-Term Care

Eldercare Locator: A search engine for eldercare support in your area, including state-specific Medicare, aging, and health insurance agencies. You can also connect with this resource by calling 800-677-1116.

LongTermCare.gov: Offers planning resources and a search engine for long-term care options.

Long-Term Care Ombudsman: Connects you with ombudsmen who are advocates for residents of nursing homes, board and care homes, and assisted living facilities and provides information about finding a facility that provides quality care.

National Council on Aging:

- **Assisted Living and Medicare**
- **Nursing Homes and Medicare**

Drug Plan Rules

Medicare Part D helps cover the cost of prescription medications, including brand-name and generic drugs. People who choose Original Medicare must be enrolled in either Medicare Part A and/or Medicare Part B to enroll in a Medicare Part D plan. Most Medicare Advantage plans include Part D coverage. Beneficiaries do not need to enroll in a separate Part D plan if their Medicare Advantage plan includes Part D coverage. Under most Medicare Advantage plans, people cannot join a separate Medicare drug plan.

Like private insurance companies, Medicare drug plans have rules about whether they cover certain drugs and how they cover them. Drugs may be evaluated for medical necessity, appropriateness, and efficiency of use.

These rules include:

- **Prior Authorization:** A process requiring the review and approval of a specific drug before it is prescribed based on specific criteria
- **Step Therapy:** A policy that requires a patient to try and “fail” a lower-cost treatment before the treatment originally prescribed or recommended by an HCP can be prescribed
- **Quantity Limits:** Restrictions about the amount of drugs that can be covered over a certain period for cost and safety reasons

You should check with your specific plan to learn coverage rules and to determine whether your pharmacy is considered in-network or out-of-network. **Learn more about Medicare drug coverage.**

Note: When Medicare drug coverage begins, or when switching to a new Part D plan, **beneficiaries** may receive a one-time, 30-day supply of the medication they’ve been taking — even if the drug isn’t covered by their new plan or requires prior authorization or step therapy — to aid in the transition to their new plan.



Support for Caregivers

Caregiving for someone living with dementia or Alzheimer’s disease can be rewarding and fulfilling and can bring moments of connection and meaning. At the same time, the ongoing demands of care can place emotional, physical, and financial strain on caregivers. Ensuring that caregivers have access to a support system as well as resources and information that can assist them in their caregiving duties is essential for sustaining caregiver well-being.

There are several resources that exist for people caring for someone with Alzheimer’s disease or dementia:

<p>Alzheimer’s and Dementia 24/7 Helpline</p> <p><i>Alzheimer’s Association</i></p> <p>The 24/7 Helpline (1-800-272-3900) is a free service offering support for people living with dementia, caregivers, families, and the public.</p>	<p>Community Support Groups</p> <p><i>Alzheimer’s Association</i></p> <p>The Alzheimer’s Association facilitates connections with local support groups and online communities for those affected by Alzheimer’s disease.</p>	<p>Family Caregiver Toolbox</p> <p><i>Caregiver Action Network</i></p> <p>A collection of resources for caregivers on topics, such as caregiving basics, financial and legal tools, and medical decisions and support.</p>
<p>Guidebooks</p> <p><i>National Alliance for Caregiving</i></p> <p>A series of guidebooks, including a Memory Loss Conversation Guide, aimed at improving the caregiving experience.</p>	<p>National Caregiver Help Desk</p> <p><i>Caregiver Action Network</i></p> <p>The National Caregiver Help Desk (1-855-227-3640) connects callers with a caregiving expert who provides advice or offers access to resources.</p>	<p>Take Care Community Resources</p> <p><i>National Alliance for Caregiving and the Adira Foundation</i></p> <p>A collection of resources for caregivers, from blog posts on financial health and e-books on future planning to guides and tips for funeral planning.</p>



Track Your Cognitive Health

There are several tools and self-assessments available to help you track your brain health over time. These tools may be helpful to reference in conversations with your HCP, who can help you determine whether additional tests or screenings are needed.

- **AANP Cognitive Health in Aging** – geared toward nurse practitioners but accessible by all; information and resources on screening tools, lifestyle changes, and treatment options.

- **AARP Staying Sharp** – online cognitive assessments that measure speed and memory.
- **NIH Toolbox** – a set of modules and tracking tools to assess cognitive, emotional, motor, and sensory function.
- **SAGE (Self-Administered Gerocognitive Exam) Test** – a downloadable, self-administered test to check for early signs of cognitive, memory, or thinking impairment

Brain Health Resources and Support

Alliance for Aging Research: Advocates for issues that impact health, access, and medical innovation and provides resources on issues related to healthy aging, including Alzheimer's disease and related dementias.

Alzheimers.gov: Offers resources specific to Alzheimer's care and planning, including clinical trial search tools, caregiver resources, and HCP materials.

Alzheimer's Association: Conducts work on Alzheimer's care, support, research, and advocacy.

Alzheimer's Disease Research Centers (ADRCs): Focus on researching prevention, improved diagnosis, and care for people with Alzheimer's disease and other types of dementia.

American Association of Nurse Practitioners: Provides education and resources on common conditions that have cognitive impacts, lifestyle interventions for supporting brain health, diagnosis, and treatment options. Although designed for nurse practitioners, the tool can be used by anyone.

American Medical Women's Association: Offers educational fact sheets and infographics that cover topics such as the cognitive effects of aging and menopause, the role of lifestyle and environmental factors in dementia risk, caregiving challenges, and emerging innovations like AI in diagnosis and care.

HealthyWomen: Offers education on brain health for women across their lifespan.

Medicaid.gov: Provides essential services to support brain health, particularly for low-income individuals.

Medicare.gov: Offers details on coverage options for brain health screening and treatment.

National Council on Aging (NCOA): Provides tools and resources — including on Alzheimer's disease, dementia, brain health, and caregiver support — so people can age with health and economic well-being.

Society for Women's Health Research: Offers resources on diseases, conditions, and life stages that uniquely, differently, or disproportionately affect women — including Alzheimer's disease — for patients, families, clinicians, and policymakers.

State Health Insurance Assistance Programs: Provide free counseling to help navigate Medicare benefits.

UsAgainstAlzheimer's: Seeks to improve dementia prevention, early detection, and access to treatments through advocacy, policy, convening, and high-leveraged programs.