

# Medicare Part A and Part B (What's Covered)



This section has information that can help you make informed health care decisions. It also explains what Medicare Part A and Part B cover and how to enroll.

**Section 1 includes information about the following:**

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## What Services Does Medicare Cover?

Medicare covers certain medical services and supplies in hospitals, doctors' offices, and other health care settings. Services are either covered under Medicare Part A (Hospital Insurance) or Medicare Part B (Medical Insurance). If you have both Part A and Part B, you can get all of the Medicare-covered services listed here, no matter what type of Medicare coverage you choose.

See pages 19–20 for a list of services covered by Part A and the conditions you must meet. See pages 26–38 for the Part B-covered services list.

## What Is Part A (Hospital Insurance)?

Part A helps cover the following:

- Inpatient care in hospitals (such as [critical access hospitals](#), [inpatient rehabilitation facilities](#), and [long-term care hospitals](#))
- Inpatient care in a skilled nursing facility (not [custodial](#) or long-term care)
- Hospice care services
- Home health care services
- Inpatient care in a Religious Nonmedical Health Care Institution (Medicare will only cover the non-medical, non-religious health care items and services in this type of facility for people who qualify for hospital or [skilled nursing facility care](#) but for whom medical care isn't in agreement with their religious beliefs.)

You usually don't pay a monthly [premium](#) for Part A coverage if you or your spouse paid Medicare taxes while working.

If you aren't eligible for premium-free Part A, you may be able to buy Part A if you meet one of the following conditions:

- You are age 65 or older, and you are entitled to (or enrolling in) Part B and meet the citizenship or residency requirements.
- You are under age 65, disabled, and your premium-free Part A coverage ended because you returned to work.

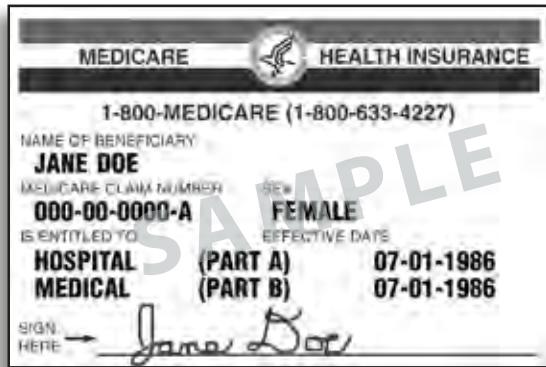
Call Social Security at 1-800-772-1213 for more information about the Part A premium. [TTY](#) users should call 1-800-325-0778.

**Note:** The premium amount for people who buy Part A is on page 119.

Blue words in the text are defined on pages 115–118.

## What Is Part A (Hospital Insurance)? (continued)

In most cases, if you choose to **buy** Part A, you must also have Part B and pay monthly **premiums** for both. **If you have limited income and resources, your state may help you pay for Part A and/or Part B.** See page 83.



You can find out if you have Part A by looking at your Medicare card.

**Note: Keep this card safe.** If you have Original Medicare, you will use this card to get your Medicare-covered services. If you join a **Medicare plan**, you must use the card from the plan to get your Medicare-covered services.

### Is Your Medicare Card Lost or Damaged?

To order a new card, call Social Security at 1-800-772-1213, or visit [www.socialsecurity.gov](http://www.socialsecurity.gov). **TTY** users should call 1-800-325-0778. If you get benefits from the Railroad Retirement Board (RRB), visit [www.rrb.gov](http://www.rrb.gov), and select “Benefit Online Services,” or call the RRB at 1-877-772-5772.

## Signing Up for Part A

### Many People Automatically Get Part A

If you get benefits from Social Security or the Railroad Retirement Board (RRB), you automatically get Part A starting the first day of the month you turn age 65. If you are under age 65 and disabled, you automatically get Part A after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months. You will get your Medicare card in the mail 3 months before your 65<sup>th</sup> birthday or your 25<sup>th</sup> month of disability.

If you have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig’s disease), you automatically get Part A the month your disability benefits begin.



## Signing Up for Part A (continued)

### Some People Need to Sign Up for Part A

If you aren't getting Social Security or RRB benefits (for instance, because you are still working), you will need to sign up for Part A (even if you are eligible to get it **premium-free**). You should contact Social Security 3 months before you turn age 65. If you worked for a railroad, contact the RRB to sign up.

### If you need to sign up for Part A, you can sign up during the following times:

- **Initial Enrollment Period**—When you are first eligible for Medicare. (This is a 7-month period that begins 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65.)
- **General Enrollment Period**—Between January 1–March 31 each year. Your coverage will begin July 1. You may have to pay a higher premium for late enrollment. See below.
- **Special Enrollment Period**—If you or your spouse (or family member if you are disabled) is currently working, and you are covered by a group health plan through the employer or union. See page 22.
- **Special Enrollment Period for International Volunteers**—If you are serving as a volunteer in a foreign country. See page 22.

If you aren't eligible for premium-free Part A, you may be able to buy it. However, if you don't buy Part A when you are first eligible, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you could have had Part A, but didn't join. For example, if you were eligible for Part A, but didn't join for 2 years, you will have to pay the higher premium for 4 years. You don't have to pay a penalty if you are eligible for a special enrollment period.

For more information on Part A, call Social Security, or visit [www.socialsecurity.gov](http://www.socialsecurity.gov). If you get benefits from the RRB, call 1-877-772-5772.



If you have End-Stage Renal Disease (ESRD), different rules apply. Visit your local Social Security office, or call Social Security at 1-800-772-1213 to sign up for Part A. **TTY** users should call 1-800-325-0778. For more information, visit [www.medicare.gov/Publications/Pubs/pdf/10128.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10128.pdf) to view the booklet, “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services.”

Blue words in the text are defined on pages 115–118.

## Part A-Covered Services

<b>Blood</b>	In most cases, the hospital gets blood from a blood bank at no charge, and you won’t have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.
<b>Home Health Services</b>	Limited to <b>medically-necessary</b> part-time or intermittent skilled nursing care, or physical therapy, speech-language pathology, or a continuing need for occupational therapy. A doctor must order your care, and a Medicare-certified home health agency must provide it. Home health services may also include medical social services, part-time or intermittent home health aide services, durable medical equipment (see page 30), and medical supplies for use at home. You must be homebound, which means that leaving home is a major effort.
<b>Hospice Care</b>	For people with a terminal illness. Your doctor must certify that you are expected to live 6 months or less. Coverage includes drugs for pain relief and symptom management; medical, nursing, social services; and other covered services as well as services Medicare usually doesn’t cover, such as grief counseling. A Medicare-approved hospice usually gives hospice care in your home (or other facility like a nursing home). Medicare covers some short-term inpatient stays for pain and symptom management that can’t be addressed in the home. These stays must be in a Medicare-approved facility, such as a hospice facility, hospital, or skilled nursing facility. Medicare also covers inpatient respite care which is care you get in a Medicare-approved facility so that your usual caregiver can rest. You can stay up to 5 days each time you get respite care. Medicare will pay for covered services for health problems that aren’t related to your terminal illness. You can continue to get hospice care as long as the hospice medical director or hospice doctor recertifies that you are terminally ill.

**Copayments, coinsurance, and deductibles** may apply for each service. See page 120 for specific costs and other information about these services.

## Part A-Covered Services

<b>Hospital Stays (Inpatient)</b>	<p>Includes semi-private room, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies. Examples include inpatient care you get in acute care hospitals, <a href="#">critical access hospitals</a>, <a href="#">inpatient rehabilitation facilities</a>, <a href="#">long-term care hospitals</a>, inpatient care as part of a qualifying clinical research study, and mental health care. This <b>doesn't</b> include private-duty nursing, a television or telephone in your room (if there is a separate charge for these items), or personal care items like razors or slipper socks. It also doesn't include a private room, unless <a href="#">medically necessary</a>. If you have Part B, it covers the doctor and emergency room services you get while you are in a hospital.</p>
<b>Skilled Nursing Facility Care</b>	<p>Includes semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies (only after a 3-day minimum inpatient hospital stay for a related illness or injury). To qualify for care in a skilled nursing facility, your doctor must certify that you need daily skilled care like intravenous injections or physical therapy. Medicare <b>doesn't</b> cover long-term care or <a href="#">custodial care</a> in this setting.</p>

**Copayments, coinsurance, and deductibles may apply for each service. See page 120 for specific costs and other information about these services.**



If you join a Medicare Advantage Plan (like an HMO or PPO) or have other insurance (like a Medigap policy, or employer or union coverage), your costs may be different. Contact the plans you are interested in to find out about the costs.