

What Does Medicare Cover?

A plain-language guide to Medicare benefits and coverage choices

Medicare basics

- **Medicare is federal health insurance** primarily for people age 65 and older. Certain younger people with disabilities, permanent kidney failure, or ALS may also qualify.
- Medicare helps pay for hospital care, doctor visits, medical treatments, preventive services, and prescription drugs, depending on your coverage.
- **Medicare does not pay for every health care expense.** Premiums, deductibles, copayments, coinsurance, and coverage limitations may apply.
- Medicare coverage is individual. Spouses enroll separately and may choose different coverage options.

Part A - Hospital insurance

- Helps cover inpatient hospital care when you are formally admitted.
- Covered hospital services generally include a semiprivate room, meals, nursing care, and medications used during your covered inpatient stay.
- Helps cover qualifying short-term care in a skilled nursing facility.
- Helps cover hospice care for eligible people with a terminal illness.
- Covers certain home health services when Medicare's requirements are met.
- **Part A does not cover every bill from a hospital stay.** Doctors' professional services are generally covered under Part B.
- Spending the night in a hospital does not automatically make you an inpatient. Emergency room care and observation services are generally outpatient services.
- Most people qualify for Part A without a monthly premium based on their own or a spouse's Medicare-covered work history. Deductibles and other cost sharing can still apply.

Medical & Preventive Care

Part B - Medical insurance

- Helps cover medically necessary care to diagnose or treat an illness, injury, or health condition.
- Covers doctor and specialist services, including many services received while hospitalized.
- Helps cover outpatient hospital services, outpatient surgery, emergency room care, and diagnostic testing.
- Helps cover qualifying medical equipment, such as walkers, wheelchairs, and oxygen equipment.
- Covers eligible mental health and substance use treatment.
- Helps cover medically necessary ambulance transportation when Medicare's requirements are met.
- Covers certain medications administered in a medical setting and some other outpatient drugs. Most prescriptions filled at a pharmacy fall under Part D.
- Part B generally has a monthly premium and an annual deductible.
- Under Original Medicare, you generally pay **20% of the Medicare-approved amount for most Part B services** after meeting the deductible. Different cost rules apply to some services.

Preventive care

- Medicare covers many preventive services, including eligible screenings, vaccinations, and counseling.
- Covered services may include mammograms, colorectal cancer screenings, diabetes screenings, and certain cardiovascular screenings.
- Eligibility, age, risk factors, and how often you receive a service can affect coverage.
- Most covered preventive services cost you nothing under Original Medicare when the provider accepts Medicare assignment and all coverage requirements are met.
- A **Welcome to Medicare preventive visit** is available during your first 12 months of Part B coverage.
- A **yearly wellness visit** helps develop or update your personalized prevention plan. It is **not a routine head-to-toe physical examination**.
- Additional testing or treatment during a preventive visit may result in a separate charge.

Your Coverage Choices

Part C - Medicare Advantage

- Medicare Advantage is a way to receive your Medicare benefits through a Medicare-approved private insurance company.
- Plans provide your Part A and Part B benefits, with certain benefits handled separately under Medicare's rules.
- Most plans include Part D prescription drug coverage.
- Some plans offer additional benefits, such as dental, vision, or hearing services. Benefits, allowances, and eligibility vary.
- Depending on the plan, you may need to use a provider network, obtain referrals, or receive approval before certain services.
- You generally continue paying your Part B premium. A separate plan premium may also apply.
- **A \$0 plan premium does not mean all care is free.** You may still have deductibles, copayments, and coinsurance.
- Review the specific plan's coverage documents, provider directory, and drug list before enrolling.

Part D - Prescription drug coverage

- Helps pay for covered prescription medications through private insurance companies approved by Medicare.
- Can be purchased as a separate drug plan with Original Medicare or included in most Medicare Advantage plans.
- Plans differ in which medications they cover and what you pay. Check your exact medications, dosages, and pharmacy when comparing coverage.
- Original Medicare Parts A and B alone do not provide comprehensive coverage for prescriptions you fill at a pharmacy.
- Going without Part D or other creditable prescription coverage can lead to a late enrollment penalty. Creditable coverage means drug coverage expected to pay, on average, at least as much as Medicare's standard drug coverage.

Medigap - Medicare Supplement Insurance

- Private insurance that helps pay certain expenses left over after Original Medicare pays. Depending on the policy, it may help cover deductibles, copayments, and coinsurance.
- **Medigap works with Original Medicare. It does not pay Medicare Advantage cost sharing.** You pay a separate premium for the policy.
- Policies sold today do not include prescription drug coverage. You generally need separate Part D coverage unless you have another appropriate source of drug coverage.
- Medigap generally does not cover long-term custodial care, routine dental or vision care, or hearing aids. Some policies include limited coverage for qualifying foreign travel emergencies.

Care Limits & Coverage Gaps

Skilled nursing and rehabilitation

- Medicare may help cover short-term skilled nursing or rehabilitation when you meet its requirements.
- Under Original Medicare, this generally requires a qualifying inpatient hospital stay of at least three consecutive days. Observation time does not count.
- Certain approved programs and Medicare Advantage plans may waive the three-day requirement.
- You must need qualifying skilled services and receive care in a Medicare-certified facility.
- Original Medicare's Part A skilled nursing benefit is limited to **up to 100 days per benefit period**.
- **The full 100 days are not guaranteed.** Coverage depends on your continuing eligibility and need for covered skilled care.
- Cost sharing can apply. This short-term benefit does not provide permanent nursing home coverage.

Home health care

- Medicare may cover qualifying skilled care in your home, including intermittent skilled nursing and certain therapy services.
- You generally must be homebound, need qualifying skilled services, and receive care through a Medicare-certified home health agency under an approved care plan.
- Being homebound does not mean you can never leave home. Medicare considers whether leaving requires substantial effort or assistance.
- Medicare does not cover around-the-clock home care or housekeeping or personal care alone when those are the only services you need.
- Medical equipment used at home may have separate cost sharing.

What Original Medicare generally does not cover

- Long-term custodial care when your main need is help with bathing, dressing, eating, or other daily activities.
- Most routine dental services and dentures; routine eye examinations for prescription glasses; hearing aids and examinations to fit them.
- Routine physical examinations and most cosmetic surgery.
- Most health care outside the United States, except in limited circumstances.
- Some exceptions exist. For example, Medicare may cover certain dental services closely connected to a covered medical treatment.
- A Medicare Advantage plan or separate insurance policy may cover some additional services, subject to its own limits and rules.

Understanding Your Costs

What does "covered" mean?

- A covered service may still require you to pay part of the bill.
- A doctor's recommendation alone does not guarantee Medicare payment. The service must meet applicable coverage requirements.
- **Premium:** The amount you pay to maintain coverage, usually monthly.
- **Deductible:** An amount you pay before coverage begins paying for certain services.
- **Copayment:** A set dollar amount you pay for a service or prescription.
- **Coinsurance:** A percentage of the covered cost you pay.
- **Original Medicare has no annual out-of-pocket limit for Part A and Part B services.** Supplemental coverage can help with eligible expenses.
- Costs depend on your coverage, the service, the provider, and any other insurance you have.

Before receiving care, ask these questions

- Does Medicare or my plan cover this service for my condition?
- Does this provider accept Medicare or participate in my plan's network?
- Do I need a referral or approval before treatment?
- What will I owe for the service, facility, and treating professionals?
- If I am in the hospital, am I admitted as an inpatient or receiving outpatient observation care?
- If I need care after discharge, what requirements must I meet for coverage?

Help with Medicare expenses

- Medicare Savings Programs may help eligible people pay Medicare premiums and, depending on the program, other Medicare expenses.
- Extra Help assists eligible people with Part D prescription drug costs.
- Medicaid may provide additional assistance for people who meet their state's requirements.
- Eligibility rules vary. Ask about assistance even if you are unsure you qualify.

Get Help With Medicare

PrimeTime Health & Wealth

- We can help you understand your Medicare choices and review how coverage fits your doctors, prescriptions, health needs, and budget.
- **Website:** [PrimeTimeHealthAndWealth.org](https://www.PrimeTimeHealthAndWealth.org)
- **Our motto:** "Multilayered expertise to solve your Medicare and retirement needs."
- For official coverage information, visit [Medicare.gov](https://www.Medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**.

Educational notice

- This fact sheet provides general education and does not guarantee payment for a particular service. Coverage requirements, costs, and plan benefits can change.
- PrimeTime Health & Wealth is not affiliated with or endorsed by the U.S. government or the federal Medicare program.

Official coverage resources

- [Medicare basics and coverage choices](#)
- [Parts of Medicare](#)
- [What Part B covers](#)
- [Preventive and screening services](#)
- [Skilled nursing facility care](#)
- [Home health services](#)
- [What Original Medicare does not cover](#)
- [Medigap basics](#)
- [Help with Medicare costs](#)
- [Medicare & You handbook](#)

Prepared October 19, 2026. General coverage guide; annual premium and deductible dollar amounts are intentionally omitted.