

Medicare Part A-covered services

What services are covered by Medicare Part A?



Inpatient hospital care: Care received after you are formally admitted to a hospital by a physician. You are covered for up to 90 days each benefit period in a general hospital, plus 60 lifetime reserve days. Medicare also covers up to 190 lifetime days in a Medicare-certified psychiatric hospital.



Skilled nursing facility (SNF): Medicare covers room, board, and a range of services, including administration of medications, tube feedings, and wound care. You are covered for up to 100 days each benefit period if you qualify for coverage. To qualify, you must have spent at least three days in a row as a hospital inpatient within 30 days of admission to a SNF. You must also need skilled nursing or therapy services.



Home health care: Medicare covers services in your home if you are homebound and need skilled care. Medicare covers up to 100 days of daily care or an unlimited amount of intermittent care. To qualify for Part A coverage, you must have spent at least three days in a row as a hospital inpatient within 14 days of receiving home health care. You can get home health care through Medicare Part B if you do not meet all the requirements for Part A coverage.



Hospice care: This is care you may elect to receive if a provider determines that you are terminally ill. You are covered for as long as your provider certifies you need care.

What is a benefit period?

If you have Original Medicare, benefit periods measure your use of inpatient hospital and skilled nursing facility services. A benefit period begins the day you are admitted to a hospital as an inpatient, or to a SNF, and ends the day you have been out of the hospital or SNF for 60 days in a row. Medicare will stop paying for your inpatient-related hospital or skilled nursing facility costs (such as room and board) if you run out of days during your benefit period. When you start a new benefit period, you will also have a new Part A deductible.

If you have a Medicare Advantage Plan, your plan must cover the same care that is covered by Original Medicare, but can do so with different costs and coverage rules. Contact your plan to learn about these costs and restrictions.

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What are Part A costs?

If you have **Original Medicare**, these are the costs related to Part A-covered services:

Monthly premium	Nothing if you or your spouse worked 40 calendar quarters (10 years) or more in the U.S.
	\$252 if you or your spouse worked between 30 and 39 quarter (7.5 and 10 years) in the U.S.
	\$458 if you or your spouse worked fewer than 30 quarters (7.5 years) in the U.S.
Inpatient hospital care	\$1,408 deductible for each benefit period
	No coinsurance for days 1 to 60
	\$352 daily coinsurance for days 61 to 90
	\$704 daily coinsurance for 60 lifetime reserve days
Skilled nursing facility care	No deductible for each benefit period
	No coinsurance for days 1 to 20
	\$176 daily coinsurance for days 21 to 100
Home health care	No deductible or coinsurance
Hospice care	No deductible
	Small copayment for outpatient drugs and inpatient respite care

If you have a **Medicare Advantage Plan**, you should contact your plan to learn about your plan's costs for inpatient care.

Who can I call if I have further questions?

If you have **Original Medicare**, call 1-800-MEDICARE to learn more about costs and coverage for inpatient care, and to find out how many days you have left in your benefit period.

Call your Medicare Advantage Plan to learn about its costs and coverage rules for inpatient care.

If you need help understanding your benefits or filing an appeal, contact your State Health Insurance Assistance Program. You can find your SHIP's contact information by visiting www.shiptacenter.org or calling 877-839-2675