

Medicare Part A (Hospital Insurance)



Phone (800) 691-2906

What Is Part A (Hospital Insurance)?

Part A helps cover:

- 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

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working. This is called "premium-free Part A."

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

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

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.

Services Part A Covers

Blood: 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.

Home Health Services: Limited to medically-necessary 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.

Hospice Care: For people with a terminal illness. Your doctor must certify that you're 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.

Hospital Stays (Inpatient): 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, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient care as part of a qualifying clinical research study, and mental health care. This **doesn't** 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 medically necessary. If you have Part B, it covers the doctor and emergency room services you get while you are in a hospital.

Skilled Nursing Facility Care: 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 **doesn't** cover long-term care or custodial care in this setting.

Courtesy of Medicare.gov