

## **What does Medicare *NOT* cover?**

### **Where to start!?**

Together, Part A and Part B, make up the foundation of the Medicare program. Beneficiaries, in fact, must typically be enrolled in both parts before even considering expanded offerings, such as Part D drug coverage, Medigap, or Medicare Advantage plans. For this reason, the best place to begin reviewing services not covered under Medicare is with Parts A and B.

### **Parts A & B**

A comprehensive list of services and procedures NOT covered by Part A and Part B would be extensive. This paper, therefore, will highlight the four largest categories of uncovered services, along with some specific procedures that beneficiaries frequently request.

### **The Four Main Categories of Non-Coverage**

**Prescription drugs**, defined as most outpatient drugs (i.e. those you fill at a pharmacy), are not covered under Parts A and B. Prescription drugs, defined more broadly, *may* be covered under either Part A or Part B under certain circumstances, however.

Part A, for example, will typically cover drugs taken during a Medicare-covered stay at a hospital or Skilled Nursing Facility. Similarly, Part B will often cover drugs administered by a medical professional during an in-office visit, or while being treated at a dialysis facility. There may be other exceptions in which Part B covers some outpatient drugs, such as certain oral cancer drugs.

However, in general, prescription drugs will not be covered under Parts A or B. Except in limited circumstances, those with Original Medicare would be wise to enroll in a Part D private prescription drug plan. Although monthly premiums vary for these plans, costs are usually quite reasonable.

The consequences of not enrolling in a Part D plan can be expensive. The most obvious scenario is if a beneficiary without drug coverage suddenly requires expensive medications. The beneficiary will likely be entitled to enroll during the next open enrollment period but there will be a late enrollment penalty, which will be applied to all future monthly premiums. This may be quite expensive.

**Long-term Nursing Home Care** is not covered by Medicare. Although, short-term stays at Skilled Nursing Facilities (SNFs) will be covered if a doctor deems such care as medically necessary. This coverage, again, will only be covered up to a defined limit.

Custodial care, defined as help with everyday activities, is not covered in any setting (i.e. nursing home, assisted living facility, at home, etc....).

**Dental, Vision, and Hearing Services** are typically not covered. This may seem unreasonable, as these services are important for health and well-being. However, the purpose of Medicare is to cover medically necessary procedures. Routine visits and common procedures for dental, vision, and hearing, therefore, will not be covered.

However, if a dental, vision, or hearing procedure is deemed to be medically necessary then Medicare could cover it. Examples might be procedures performed after an accident, such as dental work associated with jaw reconstruction. Beneficiaries who are at high risk for glaucoma may also be entitled to yearly screenings. Similarly, Part B may cover diagnostic hearing and balance exams, if recommended by a doctor or health care provider.

**Travel outside of the U.S.** is usually not covered by Medicare. There are, however, some rare exceptions, such as:

- If you experience a medical emergency while in the U.S. and a foreign hospital is closer than a U.S. hospital
- If you are traveling through Canada to Alaska by the most direct route and without unreasonable delay when a medical emergency occurs, and a Canadian hospital is closer than the nearest U.S. hospital
- If you require health services while on a cruise ship and are within U.S. territorial waters that adjoin the land areas of the U.S. and are within 6 hours from a U.S. port

### **Commonly Requested Procedures (generally not covered)**

- Acupuncture
- Foot care, unless medically necessary podiatrist services
- Massage Therapy
- White Canes for visually impaired (basic canes are covered)
- Twenty-four-hour home care, personal care, and homemaker services

## Coverage Solutions for those with Original Medicare

Everything stated thus far is applicable to those carrying only Medicare Parts A and B. Fortunately, those beneficiaries have the option to also purchase a Part D prescription drug plan and/or a Medigap policy.

Combining a Part D drug plan with Parts A and B of Original Medicare can provide a simple and cost-effective solution for obtaining prescription drug coverage.

Supplemental Medigap policies can also mitigate some of the other coverage gaps highlighted above. Costs associated with hospice or Skilled Nursing Facilities (SNFs), for example, may be covered with a Medigap plan. Additional services or procedures with hospice or SNF care, however, are not available.

Dental, vision, and hearing services are typically not available through Original Medicare, nor any supplements. Situations under which beneficiaries receive dental, vision, and hearing services are either specifically cited by Medicare, such as glaucoma testing for high-risk individuals, or incidental to another medically necessary procedure or circumstance.

Medigap policies may also provide some coverage for emergency care while traveling outside of the U.S., although such foreign travel emergency coverage has a lifetime limit. Before traveling outside of the U.S., it is prudent to speak with your Medicare agent to fully understand your coverage.

## Medicare Advantage

Medicare Advantage plans, which are offered by private insurance companies, bundle Parts A and B with additional service offerings than those offered by Original Medicare. Such service offerings often include dental, vision, and hearing services; prescription drug coverage; gym memberships; and greater coverage while traveling abroad.

Medicare Advantage plans typically do not, however, provide any additional coverage for long-term care.

Other specific procedures that Original Medicare will not cover may also be included in certain Medicare Advantage plans, such as acupuncture, foot care, and massage therapy.



Although Medicare Advantage plans may provide many of the services not found with Original Medicare and can be an excellent option, plan analysis can be complex. For this reason, it is prudent to always consult with your Medicare agent before enrolling in or making changes to any Medicare plan.