

Medicare Basics

See the chart below for more information about what Parts A and B cover.

ORIGINAL MEDICARE	WHAT'S COVERED	WHAT'S NOT COVERED	WHAT YOU PAY FOR
Part A	<ul style="list-style-type: none"> • Hospital stays • Skilled nursing facility care • Home health care • Hospice 	<p>Your share of the costs for the services.</p>	<ul style="list-style-type: none"> • Part A deductible • Coinsurance and/or copays for most other stays or services
Part B	<ul style="list-style-type: none"> • Doctor's office visits • Other outpatient professional services, including surgeries • Diagnostic lab, x-rays and complex medical imaging • Diabetes self-monitoring training, nutrition therapy, and certain supplies (not insulin) • Outpatient diagnostic and treatment services • Outpatient rehabilitation services • "Welcome to Medicare" exam within the first 12 months of enrolling in Part B • Preventive care and routine screenings including alcohol abuse, certain cancers, cardiovascular, depression, diabetes, glaucoma, hepatitis C, HIV, STDs and obesity • Cancer screenings such as mammograms, colonoscopies, and prostate exams • Immunizations, vaccinations and flu shots • Counseling to stop smoking 	<ul style="list-style-type: none"> • Routine eye care and eyeglasses or contacts • Dental Care • Routine hearing exams and hearing aids • Hearing aids • Most prescription drugs (only covered if you enroll in Part D) • Your share of the costs for services 	<ul style="list-style-type: none"> • Part B deductible • Coinsurance per service • Note: Under original Medicare there is no annual maximum limit to the amount of copays and coinsurance for which you are responsible when receiving covered services.