

What Does Medicare Part A Cover

What Is Covered

Medicare covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition. If you're in a Medicare Advantage Plan or other Medicare plan, you may have different rules, but your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

For most, Part A costs \$0 monthly premium.

Part A hospital inpatient deductible and coinsurance:
You pay:

- \$1,340 deductible for each [*benefit period](#)
- Days 1-60: \$0 coinsurance for each [*benefit period](#)
- Days 61-90: you pay \$335 coinsurance per day of each [*benefit period](#)
- Days 91 and beyond: you pay \$670 coinsurance per each "lifetime reserve day" after day 90 for each [*benefit period](#) (up to 60 days over your lifetime)
- Beyond lifetime reserve days: you pay all costs

For A Skilled Nursing:
You Pay:

- Days 1–20: \$0 for each [benefit period](#).
- Days 21–100: you pay \$167.50 [coinsurance](#) per day of each benefit period.
- Days 101 and beyond: you pay all costs.

In general, Part A covers:

- Hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial care isn't the only care you need)
- Hospice
- Home health services

***Benefit period**

The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.