

Know your rights

You have the right to be included in decisions about your care, to be treated with dignity and respect, to be protected from discrimination, to privacy and confidentiality, and to appeal payment decisions. Visit [Medicare.gov/claims-appeals](https://www.medicare.gov/claims-appeals) for more information. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If you feel you're being asked to leave the hospital too soon, you have the right to an immediate review by your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). The notice called "An Important Message from Medicare about Your Rights" explains this. The hospital should give you a copy of this notice. If you don't get a copy, ask your nurse or the hospital's patient advocate to give you one. Visit [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone), or call 1-800-MEDICARE to get the phone number for your BFCC-QIO.

"Medicare & Your Hospital Benefits: Getting Started" isn't a legal document. More details are available at [Medicare.gov/publications](https://www.Medicare.gov/publications) in the "Guide to Choosing a Hospital." Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Where can I get more information?

- Visit [Medicare.gov](https://www.Medicare.gov) to get more information about Medicare costs, coverage, and appeals. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the publication "Your Discharge Planning Checklist" to get all the information you need before you leave the hospital.
- Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the booklet "Guide to Choosing a Hospital" to learn about how you can choose a hospital that meets your needs.
- Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the fact sheet, "Are You a Hospital Inpatient or Outpatient? If you have Medicare - Ask!" to learn more about the differences between inpatient and outpatient services.
- Call your State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help with insurance questions. Visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE to get the phone number for the SHIP in your area.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html](https://www.Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Medicare & Your Hospital Benefits



GETTING STARTED



Hospital care when you need it

Let's get started

Medicare helps cover certain medical services and supplies in hospitals. If you have both Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), you can get the full range of Medicare-covered services in a hospital.

Find out if you're a hospital inpatient or outpatient

Even if you stay in the hospital overnight, you might still be considered an outpatient. Your hospital status as an inpatient or an outpatient affects how much you pay for hospital services, like x-rays, drugs, and lab tests. If you're in the hospital more than a few hours, always ask your doctor or the hospital staff if you're an inpatient or an outpatient. Visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print "Are you a Hospital Inpatient or Outpatient?" You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

What's covered?

If you're admitted to a hospital as an inpatient, Part A covers semi-private rooms, meals, general nursing, drugs (including methadone to treat an opioid use disorder), and other hospital services and supplies as part of your inpatient treatment. If you also have Part B, it generally covers 80% of the Medicare-approved amount for doctors' services you get while you're in a hospital.

Note: Medicare measures your use of inpatient hospital services in "benefit periods." A benefit period begins the day you're admitted as an inpatient in a hospital and ends when you haven't had any inpatient hospital care for 60 days in a row. You can have more than one hospital stay within the same benefit period. There's a limit on how many days Medicare covers during a benefit period, but there's no limit on the number of benefit periods you can have over your lifetime.

If you're an outpatient, Part B covers many diagnostic and treatment services like emergency and observation services, lab tests, and X-rays.

What's not covered?

Medicare doesn't cover the cost of private-duty nursing, a phone or television in your room (if there's a separate charge for these items), personal care items (like razors or slipper socks), or a private room (unless medically necessary). If you're an outpatient, Part B generally doesn't cover prescription drugs and over-the-counter drugs that you can "self-administer" (take by yourself). If you have a Medicare drug plan, your plan may cover these drugs under certain circumstances. Call your Medicare drug plan for more information, or visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print "How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings."

What do I pay?

As a hospital inpatient, you pay:

- A one-time hospital deductible for each benefit period
- Days 1-60: No coinsurance amount for each benefit period
- Days 61-90: A coinsurance amount per day of each benefit period
- Days 91 and beyond: A coinsurance amount for each "lifetime reserve day" after day 90 of each benefit period (up to 60 days over your lifetime)

When you're a hospital inpatient or outpatient, in general, you pay 20% of the Medicare-approved amount for most doctors' services you get after you meet the Part B deductible.

For hospital outpatient services, you generally pay a copayment for each individual outpatient hospital service, except for certain preventive services. In most cases, the copayment can't be more than the Part A hospital deductible for each service. If you get hospital outpatient services in a critical access hospital (a small facility that provides outpatient services to people in rural areas), your copayment may be higher and may be more than the Part A hospital deductible.

Visit [Medicare.gov/your-medicare-costs](https://www.medicare.gov/your-medicare-costs) for the most up-to-date information on deductibles, coinsurance, and copayments. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.