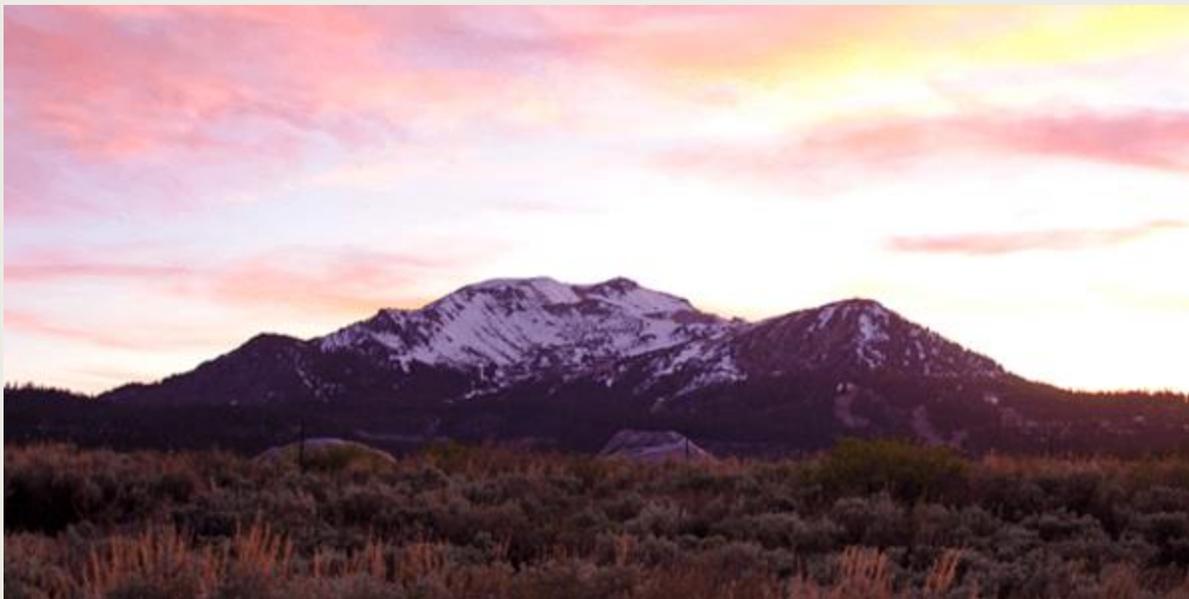


WHAT MEDICARE DOESN'T COVER



Saturday January 24, 2015

I'm about to sign up for Medicare Part A and B and would like to find out what they don't cover so I can avoid any unexpected costs down the road.

Medicare covers a variety of health care services, but it certainly does not cover everything. If you need or want certain services that are not covered, you'll have to pay for them yourself unless you have other insurance or you're in a Medicare Advantage health plan, which may cover some of these services. Here's a rundown of what original Medicare generally does not cover.

Alternative Medicine: This includes acupuncture or chiropractic services (except to fix subluxation of the spine) and other types of alternative or complementary care.

Cosmetic Surgery: Elective cosmetic procedures are not covered; however, certain surgeries may be if necessary to fix a malformation. For example, breast prostheses are covered if you had a mastectomy due to breast cancer.

Long-Term Care: This includes nursing home care, the costs of assisted living facilities and adult day care. Medicare does, however, help pay up to 100 days of skilled nursing or rehabilitation care immediately following a three-day inpatient hospital stay.

Personal Care: The cost of hiring help for bathing, toileting and dressing is not covered unless you are homebound and are also receiving skilled nursing care. Housekeeping services, such as shopping, meal preparation and cleaning, are not covered either unless you are receiving hospice care.

Routine Dental and Vision Care: Medicare will not cover routine dental checkups, cleanings, fillings or dentures. Nor do they cover routine vision care like eye exams, eye refractions, contact lenses or eyeglasses – except when following cataract surgery.

Hearing: Routine hearing exams and hearing aids are not covered either, although some hearing implants to treat severe hearing loss may be covered.

Foot Care: Medicare does not cover most routine foot care, like the cutting or removing of corns and calluses, nor does it pay for most orthopedic shoes or other foot supports (orthotics). Medicare will, however, cover foot injuries or diseases like hammertoes, bunion deformities and heel spurs, along with foot exams and treatments if you have diabetes-related nerve damage.

Non-Emergency Services: Medicare does not pay for copies of X-rays or most non-emergency transportation including

ambulette services.

Overseas Coverage: In most cases, health care you receive outside of the United States is not covered.

The best way to find out if Medicare covers what you need is to talk to your doctor or other health care provider. Visit [medicare.gov/coverage](https://www.medicare.gov/coverage) and type in your test, item or service, to get a breakdown of what is and isn't covered.

Also keep in mind that even if Medicare covers a service or item, they don't usually pay 100% of the cost. Unless you have supplemental insurance, you'll have to pay monthly premiums as well as annual deductibles and copayments. Most preventive services, however, are covered by original Medicare with no copays or deductibles.

For more information on what original Medicare does and doesn't cover, see the "Medicare and You" 2015 booklet that you should receive in the mail a few months before you turn 65 or you can see it online at [medicare.gov/pubs/pdf/10050.pdf](https://www.medicare.gov/pubs/pdf/10050.pdf).

You can also get help over the phone by calling Medicare at 800-633-4227 or contact your State Health Insurance Assistance Program (SHIP) that provides free one-on-one Medicare counseling in person or over the phone. To find a local SHIP counselor visit [shiptalk.org](https://www.shiptalk.org) or call the eldercare locator at 800-677-1116. If you enroll in a Medicare Advantage plan, you'll need to contact your plan administrator for details.

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