

Medicare Coverage and COVID-19

During the public health emergency, it is important to know which services Medicare covers related to COVID-19 and how to access care.

COVID-19 testing

Medicare covers your first COVID-19 test without an order from a doctor or other qualified health care provider. After your first test, Medicare requires you to get an order from your provider for any further COVID-19 tests you receive. You will owe nothing for the laboratory test and related provider visits (no deductible, coinsurance, or copayment). This applies to both Original Medicare and Medicare Advantage Plans. Original Medicare does not cover at-home COVID tests. If you have Original Medicare, you can access free tests at community health centers, Medicare-certified health centers, and www.covidtests.gov. Medicare Advantage Plans might cover at-home tests. Contact your plan for more information.

COVID-19 vaccine

- Original Medicare Part B covers COVID-19 vaccines, regardless of whether you have Original Medicare or a Medicare Advantage Plan. You pay nothing for the vaccine.
- The Food and Drug Administration (FDA) has approved an additional dose of the COVID-19 vaccine or booster for people age 12 or older. You pay nothing for the booster or additional dose.
 - Health officials recommend the COVID-19 vaccine and booster shot for maximum protection against the virus. Speak with your doctor if you have questions or concerns.
- **Bring your red, white, and blue Medicare card with you to your vaccination appointment, even if you have a Medicare Advantage Plan.** If you do not have your card on you, your vaccine provider may ask you for your Social Security number so that they can look up your Medicare information.

COVID-19 antibody treatment

Medicare covers monoclonal antibodies to treat COVID-19. You will owe no cost-sharing (deductible, coinsurance, or copayment).

Medicare Advantage Plans must cover everything that Original Medicare does, but they can do so with different costs and restrictions.

Medicare Coverage and COVID-19

Telehealth benefits

A telehealth service is a full visit with your doctor using video technology. During the public health emergency, Medicare covers hospital and doctors' office visits, mental health counseling, preventive health screenings, and other visits via telehealth for all people with Medicare. You can access these benefits at home or in health care settings. You may owe standard cost-sharing (like a coinsurance or copayment) for these services. If you have a Medicare Advantage Plan, it must cover telehealth services as well. Contact your plan to learn about its costs and coverage specifics.

Prescription refills

- During the public health emergency, your Medicare Advantage or Part D plan should remove restrictions that stop you from refilling most prescriptions too soon.
- During the public health emergency, all Medicare Advantage and Part D plans must cover up to a 90-day supply of a drug when you ask for it. However, plans cannot provide a 90-day supply of a drug if it has certain restrictions on the amount that can be safely provided, like restrictions that commonly apply to opioids.

Contact your **State Health Insurance Assistance Program (SHIP)** if you need help understanding what Medicare covers and how to access care.

Local SHIP contact information	
Toll-free phone number: 877-839-2675 (To connect with your SHIP, say "Medicare")	
Online SHIP Locator: www.shiphelp.org	
Click:	Find Local Medicare Help

This document was supported, in part, by grant number 90SATC0002 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. [January 2022]