CENTERS FOR MEDICARE & MEDICAID SERVICES



Medicare Coverage Outside the United States

This fact sheet explains coverage under the Original Medicare Plan.

Medicare coverage outside the United States is limited.

In most situations, Medicare won't pay for health care or supplies that you get outside the United States (U.S.). The term "outside the U.S." means **anywhere other than** the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. This fact sheet explains some of the exceptions that would allow you to get coverage outside the U.S. under the Original Medicare Plan Part A (Hospital Insurance) and/or Part B (Medical Insurance).

When does Medicare cover health care services I get in a foreign hospital?

There are three situations when Medicare may pay for certain types of health care services you get in a foreign hospital (a hospital outside the U.S.):

- 1. You are in the U.S. when a medical emergency occurs, and the foreign hospital is closer than the nearest U.S. hospital that can treat the illness or injury.
- 2. You are traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat the illness or injury. The requirement of traveling through Canada "without unreasonable delay" is determined by Medicare on a case-by-case basis.
- 3. You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether it is an emergency.

Medicare coverage criteria still apply to the services you get in a foreign hospital.

If you have Part A and Part B in the Original Medicare Plan, Medicare covers the following services:

- Inpatient hospital care (care you get when you have been admitted to the hospital as an inpatient)
- Doctors' services that you get during your covered inpatient hospital stay. However, if you aren't admitted to a hospital and/or you get doctors' services outside the hospital, Medicare generally won't pay for these services.
- Ambulance services to get you to the hospital in an emergency situation. Medicare will only cover ambulance services for the trip to the hospital if you are admitted as an inpatient. Return trips aren't covered.

Medicare only pays for its share of the costs for services covered in the Original Medicare Plan. If you only have Part A, Medicare only covers inpatient hospital care.

Does Medicare pay for dialysis treatments when I travel outside the U.S.?

Unless it's an emergency situation where the dialysis is furnished at a hospital, Medicare doesn't cover dialysis when you travel outside the U.S.

Does Medicare pay for prescription drugs I buy outside the U.S.?

A Medicare Prescription Drug Plan can't cover prescription drugs purchased outside the U.S. Call your drug plan for more information.

What do I pay if I get Medicare-covered services outside the U.S.?

Except in the limited situations described in this fact sheet, Medicare doesn't pay for health care services you get outside the U.S. If your circumstances don't meet these limited exceptions, you are responsible for full payment to the health care provider.

If your situation matches one of the exceptions described in this fact sheet, and the items or services you get meet Medicare coverage criteria, you pay the part of the charge you would normally pay when you get these same services or supplies inside the U.S. That is, even in these situations, you must still pay the applicable coinsurance or copayments and deductibles.

What do I pay if I get Medicare-covered services outside the U.S.? (continued)

Although hospitals in the U.S. must submit claims to Medicare on your behalf, foreign hospitals aren't required to file Medicare claims. If you are admitted to a foreign hospital and that hospital chooses not to submit claims to Medicare on your behalf, then you must submit an itemized bill to Medicare for your doctor, inpatient, and ambulance services. For information on where to send a foreign claim, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Will Medicare pay for medically-necessary health care services I get from a cruise ship's doctor?

In general, Medicare may cover the medically-necessary health care services that you get from a ship's doctor in the following circumstances:

- 1. The doctor is allowed under certain laws to provide medical services on the cruise ship.
- 2. The ship is in a U.S. port or no more than six hours away from a U.S. port when you get the services.

Medicare also may pay for medically-necessary health care services that you get from a ship's doctor if you are admitted to a U.S. or foreign hospital for a Medicare-covered emergency stay. To be covered in this situation, the ship's doctor must give you emergency services while the ship is in territorial waters adjoining the land areas of the U.S., and you must be admitted to a U.S. or foreign hospital on the same day.

The ship's doctor must treat you for the same condition for which you are admitted to the hospital. Medicare doesn't cover health care services you get in other situations on a cruise ship.

For more information on Medicare-covered emergency stays in foreign hospitals, see "When does Medicare cover health care services I get in a foreign hospital?" and "What kind of health care services does Medicare pay for in the three situations described?"

What if I have a Medigap (Medicare Supplement Insurance) policy?

Your Medigap policy may offer some additional coverage for health care services or supplies that you get outside the U.S.

A Medigap policy is supplemental health insurance sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. In all states, except Massachusetts, Minnesota, and Wisconsin, a Medigap policy must be one of 12 standardized policies so you can compare them easily. Standard Medigap Plans C, D, E, F, G, H, I, and J provide Foreign Travel Emergency health care coverage when you travel outside the U.S.

What if I have a Medigap (Medicare Supplement Insurance) policy? (continued)

After you meet a \$250 deductible for the year, these policies pay for 80% of the billed charges for certain medically-necessary emergency care. The care is covered if it begins during the first 60 days of the trip, and if it isn't otherwise covered by Medicare. Foreign Travel Emergency coverage with Medigap policies has a lifetime limit of \$50,000.

Before you travel outside the U.S., talk with your Medigap company or insurance agent to get more information about your Medigap coverage while traveling. To learn more about Medigap policies, visit www.medicare.gov on the web. Under "Search Tools," select "Find a Medicare Publication" to view or print a copy of "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare." You can also call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

What if I get my health care from another Medicare Health Plan rather than the Original Medicare Plan?

If you have a Medicare Advantage Plan (like an HMO or PPO) or another Medicare Health Plan, your plan may offer some additional coverage for health care services you get outside the U.S. Check with your plan before traveling outside the U.S. to see what's covered.

Can I buy travel insurance to help pay for the cost of health care services?

Because Medicare has limited coverage of health care services outside the U.S., you may choose to buy a travel insurance policy to get more coverage when you travel. An insurance agent or travel agent can give you more information about buying travel insurance. Please be advised that travel insurance doesn't necessarily include health insurance, so it's important to read the conditions or restrictions carefully.

Where can I get more information?

- Visit www.medicare.gov on the web. Under "Search Tools," select "Find out What Medicare Covers."
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

My Health. My Medicare.

CMS Publication No. 11037 Revised March 2008