

The COVID-19 Public Health Emergency ended on May 11, 2023. This may affect your Medicare coverage for some services. Here is what to expect as of May 11, 2023.

COVID-19 testing

Original Medicare does **not** cover over-the-counter at-home tests as of May 11, 2023. Original Medicare **does** cover two other kinds of COVID-19 tests when the test is ordered by a physician or other health care practitioner. The two kinds of covered tests are PCR tests (which identify genetic material) and antigen tests (which are often called rapid tests). There is no out-of-pocket cost to you.

Medicare Advantage Plans must cover COVID-19 tests. However, there may be out-of-pocket costs as of May 11, 2023. Contact your plan to learn more about costs. Medicare Advantage Plans may also continue to cover over-the-counter at-home tests at no cost. Contact your plan to learn if this supplemental benefit is offered, and how to access it.

COVID-19 vaccine

Original Medicare Part B covers COVID-19 vaccines and boosters, regardless of whether you have Original Medicare or a Medicare Advantage Plan. You pay nothing for the vaccine or boosters.

Health officials recommend the COVID-19 vaccine and timely booster shots 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 treatments

Monoclonal antibodies

Medicare covers certain monoclonal antibodies to treat COVID-19 for some people. You owe no cost-sharing (deductible, coinsurance, or copay) for covered treatments.

Inpatient and outpatient treatment

Medicare Part A covers medications you receive as a hospital inpatient. Medicare Part B covers medications you get from a health care provider as an injection or

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infusion. An example of an injected medication is Remdesivir. You may owe cost-sharing (deductible, coinsurance, or copay) for these treatments. Medicare Advantage Plans also cover these treatments. Contact your plan to learn more about costs.

Prescription drugs

Paxlovid is a medication used to treat COVID-19 that is available at the pharmacy. The government has paid for a certain amount of Paxlovid. While the supply of Paxlovid from the government lasts, you pay no cost-sharing. After the supply has been used, Part D covers Paxlovid. Paxlovid may be on your plan's list of covered drugs, or you may have to ask your plan to make an exception and cover the drug. You may owe cost-sharing (deductible, coinsurance, or copay).

Telehealth benefits

Until December 31, 2024, Medicare covers telehealth visits whether you:

- Live in a rural or urban area
- Get the services at home or in health care settings

Medicare covers hospital and doctors' office visits, mental health counseling, and other visits via telehealth. If you have a Medicare Advantage Plan, it must cover telehealth services as well. Contact your plan to learn about costs and coverage.

After December 31, 2024, coverage for telehealth benefits may be more limited.

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
SHIP toll-free:
SHIP email:
SHIP website:
To find a SHIP in another state: Call 877-839-2675 or visit www.shiphelp.org