

***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.

If you have a Medicare Advantage Plan, you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits and expanded benefits, like meal delivery or medical transport services. Check with your plan about your coverage and costs.



**Senior Health Insurance
Information Program**

Call 1-800-224-6330



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2022/2023 MEDICARE COVERAGE & COVID-19



**Call Arkansas Senior Health
Insurance Information
Program (AR SHIP)
1-800-224-6330**

COVID-19 Testing/Vaccines

Medicare covers your first COVID-19 test without an order from a doctor 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 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 booster shots for maximum protection against the virus. Speak with your doctor if you have questions or concerns.

Medicare Coverage and Costs Related to COVID-19 Testing

Does Medicare cover testing for COVID-19?

In April 2022, the Biden Administration finalized an initiative providing for Medicare coverage of up to 8 at-home COVID tests per month for Medicare beneficiaries with Part B, including beneficiaries in traditional Medicare and Medicare Advantage. Under this new initiative, Medicare beneficiaries can get the tests at no cost from eligible pharmacies and other entities; they do not need to pay for the tests and submit for reimbursement. Medicare Advantage plans can also opt to cover the cost of at-home tests, but this is not required.



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Medicare covers items & services related to COVID-19:

FDA-authorized and FDA-approved COVID-19 vaccines: You pay no out-of-pocket costs.

Lab tests for COVID-19: You pay no out-of-pocket costs.

COVID-19 Over-the-Counter (OTC) tests—see section below for details.

FDA-authorized COVID-19 antibody (or “serology”) tests if you were diagnosed with a known current or known prior COVID-19 infection or suspected current or suspected past COVID-19 infection.

Monoclonal antibody treatments for COVID-19.

All medically necessary hospitalizations. This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine. You'll still pay for any hospital deductibles, copays, or coinsurances that apply.

Expanded telehealth services during the Public Health Emergency.