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Medicare Coverage Outside the United States

Medicare coverage outside the United States is limited.

In most situations, Medicare won't pay for health care or supplies you get outside the 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. There are some exceptions that would allow you to get coverage outside the U.S. under Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance).

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

There are 3 situations when Medicare may pay for certain types of health care services you get in a foreign hospital (a hospital outside the U.S.):

- You're in the U.S. when you have a medical emergency, and the foreign hospital is closer than the nearest U.S. hospital that can treat you.
- You're 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 you. Medicare determines on a case-by-case basis what qualifies as "without unreasonable delay."
- You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat you, regardless of whether you have a medical emergency.

Remember, in these situations, Medicare will pay only for the Medicare-covered services you get in a foreign hospital.

What kind of health care services does Medicare help pay for in these 3 situations?

Medicare covers these services:

- Part A covers inpatient hospital care (care you get when you've been formally admitted with a doctor's order to the foreign hospital as an inpatient). For more information, visit [Medicare.gov/what-medicare-covers/what-part-a-covers/inpatient-or-outpatient-hospital-status](https://www.medicare.gov/what-medicare-covers/what-part-a-covers/inpatient-or-outpatient-hospital-status).
- Part B covers emergency ambulance and doctor services you get immediately before and during your covered foreign inpatient hospital stay. However, if Medicare doesn't cover your hospital stay and/or you get ambulance and doctor services outside the hospital after your covered hospital stay ends, Medicare generally won't pay for these services. For example, Medicare won't cover return ambulance trips home or doctor services you get in a foreign country after your covered foreign hospital stay ends.

Remember, Medicare only pays for its share of Medicare-covered services. If you only have Part A, Medicare only covers inpatient hospital care.

Does Medicare pay for dialysis treatments when I travel outside the United States?

No. Unless it's one of the 3 situations described on page 1, Medicare doesn't cover dialysis when you travel outside the U.S.

Does Medicare pay for prescription drugs outside the United States?

No. Medicare drug plans can't cover drugs you buy outside the U.S. Call your drug plan for more information.

Will Medicare pay for medically-necessary health care services I get on a cruise ship?

Medicare may cover medically-necessary health care services you get on a cruise ship if:

- The doctor is allowed under certain laws to provide medical services on the cruise ship.
- The ship is in a U.S. port or no more than 6 hours away from a U.S. port when you get the services, regardless of whether it's an emergency.

Medicare doesn't cover health care services you get when the ship is more than 6 hours away from a U.S. port.

What do I pay if I get Medicare-covered services outside the United States?

Except in the limited situations described on page 1, Medicare doesn't pay for health care services you get outside the U.S. If your circumstances don't meet these limited situations, you pay the full cost to the health care provider.

If your situation matches one of the 3 situations on page 1 and Medicare covers the items or services you get, you would pay the related coinsurance or copayments, and deductibles.

Although U.S. hospitals must submit claims to Medicare for you, foreign hospitals aren't required to file Medicare claims. If you're admitted to a foreign hospital under one of the situations described on page 1, and that hospital doesn't submit Medicare claims for you, then you pay the full cost to the health care provider. You must also submit an itemized bill to Medicare for your doctor, inpatient, and ambulance services.

If you got Medicare-covered services on a cruise ship under a situation described on page 2, the doctor must submit the Medicare claim. However, you may also file a claim directly to Medicare in these rare circumstances.

For information on where to send a foreign claim, visit [Medicare.gov/claims-appeals/how-do-i-file-a-claim](https://www.medicare.gov/claims-appeals/how-do-i-file-a-claim) to get the "Patient's Request for Medical Payment" form (CMS-1490S). Print out the form and instructions that apply to your situation (like for services you got on a cruise ship or during other foreign travel). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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

Your Medigap policy may cover services that Original Medicare doesn't cover, like emergency medical care that you get outside the U.S.

Most Medigap plans (lettered Plans C, D, E, F, G, H, I, J, M, and N) provide foreign travel emergency health coverage with a lifetime limit of \$50,000. Even if you have Plan E, H, I, or J that are no longer sold, you may keep it if you bought one of these plans before June 1, 2010. They still cover foreign travel emergency care.

These Medigap plans:

- Pay 80% of the billed charges for certain medically-necessary emergency care outside the U.S. after you meet a \$250 deductible for the year.
- Cover foreign travel emergency care if it begins during the first 60 days of your trip, and if Medicare doesn't otherwise cover the care.

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 [Medicare.gov/publications](https://www.medicare.gov/publications) to view the booklet, "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.

What if I get my health care from a Medicare health plan instead of Original Medicare?

Medicare Advantage Plans and other Medicare health plans must follow rules set by Medicare, including for the 3 situations described on page 1. However, your plan may offer additional coverage for health care services you get outside the U.S. Check with your plan before traveling to find out what it covers.

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

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

For more information.

- Visit [Medicare.gov/coverage](https://www.Medicare.gov/coverage) to find out what Medicare covers.
- Call 1-800-MEDICARE. (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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