



Nationwide®

Nationwide Retirement Institute® | Medicare

Long-term care is not covered by Medicare



Skilled nursing facility care

Covered by Medicare after a 3-day (minimum) hospital stay

Skilled nursing facility care is medically necessary, temporary treatment provided on an inpatient basis. With few exceptions, Medicare will cover these services only if they follow a 3-day hospital stay — and that stay has to be an admittance, not just for observation.

An example might be a patient who has a stroke and needs to follow their hospital admission with an inpatient stay at a rehab facility.

Long-term care

Not covered by Medicare or Medigap

Long-term care provides assistance with the types of tasks that someone used to do on their own but now, due to frailty or dementia, cannot do without help. Once it begins, the need for this care may be permanent.

Such activities are usually supported at first by family members or neighbors. If provided by professional caregivers, the costs can quickly add up.



#DecodingMedicare

ADDITIONAL DETAILS

As people live longer, there is an increasing likelihood that they'll need long-term care at some point in their lives. It's a difficult topic to discuss, because no one wants to imagine themselves needing that type of dependent care. But because the potential expense is great, it is important to take it into consideration.

Custodial or long-term care is not covered by Original Medicare or Medigap. Some Medicare Advantage plans offer coverage for "in-home support services," but it's critical to read the fine print to understand the limitations of that coverage. It is typically not for comprehensive long-term care.

Your financial professional can explain the various ways you can plan for long-term care expenses. For example, there are insurance policies in the marketplace that offer coverage for long-term care. You can explore stand-alone long-term care insurance, life insurance with a long-term care rider, or linked benefit long-term care insurance. If someone is uninsurable, other products such as an annuity may make sense.

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Client pays:

- \$0 for the first 20 days of each benefit period¹
- A \$209.50 co-payment amount per day for days 21-100 (2025 figure)
- All costs for each day after day 100

Long-term care

Not covered by Medicare or Medigap

Services include:

- Assistance with activities of daily living: bathing, dressing, eating, transferring (e.g., moving from a chair to a bed), continence and using the toilet
- Care may be required due to physical or cognitive decline
- This type of professional care may be received at home



Work with your financial professional to account for Medicare and long-term care expenses as part of your retirement income plan.



• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

¹ A benefit period is the period of time that starts the day a beneficiary begins getting inpatient care and ends when they have not received inpatient care for 60 days.

The information in this document is sourced from medicare.gov, cms.gov, hhs.gov and some state-level sources.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

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