



2026 MEDICARE PART A

Part A is **hospital** insurance that covers costs associated with confinement in a hospital or skilled nursing facility.



WHEN YOU ARE HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs after the required Medicare deductible	\$1,736 DEDUCTIBLE
61-90 DAYS	All eligible expenses after patient pays a per-day copayment	\$434 A DAY COPAYMENT as much as: \$12,586
91-150 DAYS	All eligible expenses after patient pays a per-day copayment (These are Lifetime Reserve Days that may never be used again.)	\$868 A DAY COPAYMENT as much as: \$51,212
150 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility (SNF) within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days. For days 21-100 the patient is responsible for all eligible expenses incurred, which includes the daily copayment.	After 20 days \$217 A DAY COPAYMENT as much as: \$17,143

Benefit Period - If you go into a hospital or a SNF after one benefit period has ended (60 days after being discharged), a new benefit period begins. There is no limit to the number of benefit periods you can have in a year.



2026 MEDICARE PART B

Part B is **medical** insurance that covers physician services, outpatient care, tests, and supplies.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
ANNUAL DEDUCTIBLE	80% of the Medicare-approved amount after the deductible	\$283 Annual Deductible
MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	80% of the Medicare-approved amount	Generally 20% of the Medicare-approved amount*
CLINICAL LABORATORY SERVICES Blood tests; urinalysis	Generally 100% of the Medicare-approved amount	Nothing for services
HOME HEALTHCARE Part-time or intermittent skilled care; home health aide services; durable medical supplies; and other services	100% of the Medicare-approved amount; 80% of the Medicare-approved amount for durable medical equipment	Nothing for services; 20% of the Medicare-approved amount * for durable medical equipment

2026 MEDICARE **PART B** (continued)

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
OUTPATIENT HOSPITAL TREATMENT Hospital services for the diagnosis or treatment of an illness or injury	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of the Medicare-approved amount after first 3 pints of blood	First 3 pints plus 20% of the Medicare-approved amount* for additional pints
EXCESS DOCTOR CHARGES (Above Medicare-approved amount)	0% above the Medicare-approved amount	ALL costs

* On all Medicare-covered expenses, a doctor or other healthcare provider may agree to accept Medicare assignment. This means the patient will not be required to pay any expense in excess of Medicare's approved charge. The patient pays only 20% of the approved charge not paid by Medicare.



2026 MEDICARE **Part B** and **Part D** Premiums

Premiums are based on your tax filing status and annual modified adjusted gross income in 2024.

Every year, the Social Security Administration (SSA) determines your Income-Related Monthly Adjustment Amount (IRMAA), if any, based on information from your **income tax return from two years prior**, which the SSA obtains from the IRS. If your modified adjusted gross income (MAGI) exceeds a certain threshold, you will pay an additional amount on top of your regular Medicare premium. Higher-income earners enrolled in Part D Prescription Drug coverage also pay a Part D IRMAA **in addition to their monthly insurance premium for a Part D prescription drug plan or Medicare Advantage plan that includes Part D coverage.**

File Individual Tax Return	File Joint Tax Return	Married & Filed Separate Tax Return	Monthly Part B Premium + IRMAA	Monthly Part D IRMAA
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90	Your Plan Premium
\$109,001 to \$137,000	\$218,001 to \$274,000	N/A	\$284.10 (202.90 + 81.20)	\$14.50 + your plan premium
\$137,001 to \$171,000	\$274,001 to \$342,000	N/A	\$405.80 (202.90 + 202.90)	\$37.50 + your plan premium
\$171,001 to \$205,000	\$342,001 to \$410,000	N/A	\$527.50 (202.90 + 324.60)	\$60.40 + your plan premium
\$205,001 to \$499,999	\$410,001 to \$749,999	\$109,001 to \$390,999	\$649.20 (202.90 + 446.30)	\$83.30 + your plan premium
\$500,000 and above	\$750,000 and above	\$391,000 and above	\$689.90 (202.90 + 487.00)	\$91.00 + your plan premium

* 2024 MAGI = Adjusted Gross Income (Form 1040 line 11) + Tax-Exempt Interest (Form 1040 line 2a).