2026 Medicare Costs and Premiums

2026 Income Related Monthly Adjusted Amount (IRMAA)

Part A (Inpatient hospital and skilled nursing care)

Inpatient Hospital Stay (benefit period ends 60 days after release from care) – **You pay…**

- Deductible: **$1,736** per benefit period
- Coinsurance (days 1-60): $0 per day of each benefit period
- Coinsurance (days 61-90): **$434** per day of each benefit period
- Coinsurance (60 lifetime reserve days): **$868** per day after day 90 of each benefit period

Skilled Nursing Facility Stay (3-day inpatient hospital stay required first) – **You pay…**

- Coinsurance (days 1-20): $0 per day of each benefit period
- Coinsurance (days 21-100): **$217** per day of each benefit period

Part B (Outpatient care and doctor visits)

- **Part B Deductible** – **You Pay… $283** per calendar year
- **Part B Coverage** – **You Pay…** Generally, 20% after **$283** deductible is met

Part B Premium - paid to Medicare (including high income Part B and Part D)

- Those enrolled in **Part B** will pay <u>at least</u> the standard **$202.90** monthly premium (based on income).
- Higher income earners will pay a **Part B IRMAA** (Income Related Monthly Adjusted Amount) *<u>in addition</u>* to the standard **$202.90** monthly premium.
- Higher income earners who are enrolled in **Part D (Prescription Drug coverage)** also pay a **Part D IRMAA** *<u>in addition</u>* to the monthly insurance premium for a Part D prescription drug plan or Medicare Advantage Plan that includes Part D coverage (see table below).

If your MAGI (Modified Adjusted Gross Income*) in 2024 was…			Your 2026 (per person) monthly premium payment to Medicare is…	
Individual Tax Return	**Joint Tax Return**	**Married & file Separate Tax Return**	**Part B Premium + IRMAA**	**Part D IRMAA** (in addition to Part D plan premium)
$0 - $109,000	$0 - $218,000	$0 - $109,000	**$202.90**	---
$109,000+ up to $137,000	$218,000+ up to $274,000	N/A	**$284.10** ($202.90 + $81.20)	**+ 14.50**
$137,000+ up to $171,000	$274,000+ up to $342,000	N/A	**$405.80** ($202.90 + $202.90)	**+ 37.50**
$171,000+ up to $205,000	$342,000+ up to $410,000	N/A	**$527.50** ($202.90 + $324.60)	**+ 60.40**
$205,000+ to less than $500,000	$410,000+ to less than $750,000	$109,000+ to less than $391,000	**$649.20** ($202.90 + $446.30)	**+ 83.30**
$500,000 or above	$750,000 or above	$391,000 or above	**$689.90** ($202.90 + $487.00)	**+ 91.00**

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