

2026 Medicare **PART A**

Part A is Hospital Insurance for an inpatient stay in a hospital or skilled nursing facility per benefit period.

A benefit period begins on the first day you receive service in an inpatient status and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

MONTHLY PREMIUM \$0 for most

\$0 Premium for most who have paid Medicare taxes for at least 10 years or have a spouse who meets the work history requirement. Those who receive Medicare before turning 65 won't pay a premium.

HOSPITAL STAY:	MEDICARE PAYS	YOU PAY
DAYS 1 - 60	Most confinement cost after the required Part A deductible has been paid.	\$1736 DEDUCTIBLE
DAYS 61 - 90	All eligible cost after the per day copay.	\$434/day
DAYS 91 - 150	All eligible expenses after patient pays a per-day cost share. (These are Lifetime Reserve Days that may never be used again).	\$868/day
151 DAYS or more	NOTHING	All Costs

SKILLED NURSING	MEDICARE PAYS	YOU PAY
DAYS 21 - 100	All eligible expenses	\$0
DAYS 21 - 100	All eligible expenses after per-day cost share	\$217/day
BEYOND DAY 100	NOTHING	All Costs

HOSPICE CARE	MEDICARE PAYS	YOU PAY
Must meet Medicare requirements including Doctor's certification of terminal illness	All eligible expenses except limited copay for outpatient drugs	\$0 At home, you may pay up to \$5 for prescription drugs for pain relief

2026 Medicare **PART B**

Part B is Medical Insurance that covers physician services, outpatient care, tests and supplies per calendar year.

MONTHLY PREMIUM \$202.90 for most

The Premium may be higher depending on your income. The amount changes each year and is paid monthly even if you did not use any Part B services. A penalty is usually added for those who do not sign up when they are first eligible (usually when turning 65). The penalty goes up the longer you wait to sign up.

COSTS/EXPENSES:	MEDICARE PAYS	YOU PAY
Annual Deductible	\$0 until deductible is met	\$283 DEDUCTIBLE
Medical Expenses	80% of approved amount after deductible has been paid.	20% of approved amount
Excess Charges <small>Charges above Medicare approved amounts</small>	\$0	100%
Preventive Services <small>Such as Wellness visits, Flu shots, Mammograms, Colonoscopy</small>	100%	\$0
Clinical Laboratory Services	100%	\$0
Outpatient Hospital Treatment	80%	20%
Mental Health	80%	20% Additional copay may apply at outpatient clinic or hospital
Home Health Services	100%	\$0
Durable Medical Equipment	80%	20%

