2026
Medicare Part A

Part A is Hospital Insurance for inpatient care in a health care or skilled nursing facility. Most people don't have a monthly premium for Part A. If you paid Medicare tax for less than 40 quarters (10 years), you may owe between $311 and $565 per month. **Part A doesn't have a Maximum Out-of-Pocket (MOOP) or cap.**

WHEN YOU ARE HOSPITALIZED* FOR:	MEDICARE PART A COVERS	YOU PAY
1-60 DAYS	Most inpatient care costs after the required Part A deductible	**$1,736** DEDUCTIBLE $0 Coinsurance
61-90 DAYS	All eligible expenses *after* patient pays a per-day copayment	**$434** A DAY COPAYMENT
Lifetime Reserve Days (60 Total)	These are Lifetime Reserve Days that may only be used once in your lifetime but can be applied to different hospital stays	**$868** A DAY COPAYMENT
151 DAYS OR MORE	NOTHING	**YOU PAY ALL COSTS**
SKILLED NURSING CONFINEMENT*: Following an inpatient hospital stay of at least 3 days and upon entering a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receiving skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 *after* patient pays a per-day copayment	After 20 days **$217** A DAY COPAYMENT
HOSPICE CARE: Must meet the Medicare Program's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	**Medicare Part A COPAYMENT/ COINSURANCE**
BLOOD	100% of approved amount after first 3 pints of blood.	**FIRST 3 PINTS**

**A benefit period begins on the first day you receive service as an inpatient 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.*

https://www.medicare.gov/basics/costs/medicare-costs

2026
Medicare Part B

Medicare Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies. **Part B also doesn't have a MOOP or cap**

ON EXPENSES INCURRED FOR:	MEDICARE PART B COVERS	YOU PAY
STANDARD PART B PREMIUM		**$202.90***
IMMUNOSUPPRESSIVE DRUG PREMIUM		**$121.60**
ANNUAL DEDUCTIBLE	Incurred expenses *after* the required Medicare Part B deductible	**$283** ANNUAL DEDUCTIBLE
MEDICAL EXPENSES Ex. Physicians' services, therapy, diagnostic tests	80% of approved amount	**20%** OF APPROVED AMOUNT**
EXCESS DOCTOR CHARGES* ***(Above Approved Amounts)***	0% of approved amount	**ALL COSTS**
CLINICAL LABORATORY SERVICES	Generally 100% of approved amount	Nothing for services
HOME HEALTHCARE	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT	Medicare Program-approved amount paid to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of approved amount after first 3 pints of blood.	First 3 pints plus 20% of approved amount for additional pints

**An individual's Part B premium depends on their income. The premium can be higher for individuals with higher incomes.*

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

****Physicians who do not accept assignment of a Medicare insurance claim are limited as to the amount they can charge for a covered service. The most a physician can charge for a service covered by the Medicare program is 115% of the approved amount for nonparticipating physicians (may vary by state). Note: In New York, the most a physician can charge for services covered by the Medicare program is 105% of the approved amount for nonparticipating physicians. For routine office visits covered by the Medicare program, a nonparticipating physician can charge up to 115% of the fee schedule amount.*

2026 **IRMMA Breakdown Part B**

Medicare Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies. **Part B also doesn't have a MOOP or cap**

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	MONTHLY ADJUSTMENT	2026 PART B MONTHLY PREMIUM
$109,000 OR LESS	$218,000 OR LESS	$0	$202.90
$109,001 TO $137,000	$218,001 TO $274,000	$81.20	$284.10
$137,001 TO $171,000	$274,001 TO $342,000	$202.90	$405.80
$171,001 TO $205,000	$342,001 TO $410,000	$324.60	$527.50
$205,001 TO $499,999	$410,001 TO $749,999	$446.30	$649.20
$500,000 OR MORE	$750,000 OR MORE	$487.00	$689.90

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	MONTHLY ADJUSTMENT	2026 IMMUNOSUPPRESIVE DRUG PREMIUM
$109,000 OR LESS	$218,000 OR LESS	$0	$121.60
$109,001 TO $137,000	$218,001 TO $274,000	$81.10	$202.70
$137,001 TO $171,000	$274,001 TO $342,000	$202.70	$324.30
$171,001 TO $205,000	$342,001 TO $410,000	$324.30	$445.90
$205,001 TO $499,999	$410,001 TO $749,999	$445.90	$567.50
$500,000 OR MORE	$750,000 OR MORE	$486.50	$608.10

2026 **IRMMA Breakdown Part B**

Medicare Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies. **Part B also doesn't have a MOOP or cap.**

FILE SEPARATE TAX RETURN FROM SPOUSE	MONTHLY ADJUSTMENT	2026 PART B MONTHLY PREMIUM
$109,000 OR LESS	$0	$202.90
$109,001 TO $390,999	$446.30	$649.20
$391,000 OR MORE	$487.00	$689.90

FILE SEPARATE TAX RETURN FROM SPOUSE	MONTHLY ADJUSTMENT	2026 IMMUNOSUPPRESSIVE DRUG PREMIUM
$109,000 OR LESS	$0	$121.60
$109,001 TO $390,999	$445.90	$567.50
$391,000 OR MORE	$486.50	$608.10

2026
Medicare Part D

Medicare Part D is a privately offered prescription drug plan that pairs with Original Medicare. Your Part D plan defines covered drugs and the pharmacies where you can pick them up.

These plans are offered by private insurance companies, though regulated and approved by the federal government. This means benefits and out-of-pocket costs may differ between plans. Please refer to individual plans or speak with a licensed insurance agent for specifics.

MAXIMUM DEDUCTIBLE:	TRUE OUT-OF-POCKET LIMIT:	CATASTROPHIC COVERAGE COPAY:
$615	$2,100	$0

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	MONTHLY ADJUSTMENT
$109,000 OR LESS	$218,000 OR LESS	$0
$109,001 TO $137,000	$218,001 TO $274,000	$14.50
$137,001 TO $171,000	$274,001 TO $342,000	$37.50
$171,001 TO $205,000	$342,001 TO $410,000	$60.40
$205,001 TO $499,999	$410,001 TO $749,999	$83.30
$500,000 OR MORE	$750,000 OR MORE	$91.00

FILE SEPARATE TAX RETURN FROM SPOUSE	MONTHLY ADJUSTMENT
$109,000 OR LESS	$0
$109,001 TO $390,999	$83.30
$391,000 OR MORE	$91.00