2026 MEDICARE PART B

Part B is Medical Insurance and covers physician services

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
	ANNUAL DEDUCTIBLE PAID FIRST	**$283**
Physicians' services for outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	**80%** of approved amount	**20%** of approved amount
EXCESS DOCTOR CHARGES**	0% above approved amount	**ALL COSTS**
CLINICAL LABORATORY SERVICES	Generally, 100% of approved amount	Nothing for services
HOME HEALTHCARE	100% of approved amount.	Nothing for services
DME Durable Medical Equipment	80% of approved amount	20% of approved amount*
OUTPATIENT HOSPITAL TREATMENT	Medicare payment 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

**Physicians who do not accept assignment of a Medicare 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 Medicare is 115% of the approved amount for nonparticipating physicians. The approved amount for nonparticipating physicians is 95% of the approved amount for those who accept assignment. *Note: In New York, the most a physician can charge for services covered by Medicare is 105% of the approved amount for nonparticipating physicians.*

2026 MEDICARE PART A

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

WHEN YOU ARE HOSPITALIZED* FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs after the required Medicare deductible	**$1736** DEDUCTIBLE
61-90 DAYS	All eligible expenses after patient pays a per-day copayment	$434 A DAY COPAY up to $13,020
91-150 DAYS	All eligible expenses after patient paysa per-day copayment (These are Lifetime Reserve Days that may never be used again)	$868 A DAY COPAY up to $52,,080
151 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 within 30 days after hospital discharge and receive 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 first 20 days $217.00 A DAY COPAY Up to $17,360
HOSPICE CARE: Must meet Medicare's requirements, including adoctor's certification of terminal illness	All but very limited copayment/coinsuranc efor outpatient drugs and inpatient respite care	Medicare CO-PAY/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.

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2026 Medicare Part B and Part D IRMAA (Income Related Monthly Adjustment Amount)				
If your yearly MAA income in 2024 was				
File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2026)	
			Part B	**Part D**
$109,000 or less	$218,000 or less	$109,000 or less	$202.90	Plan premium only
above $109,000 up to $137,000	above $218,000 up to $274,000	Not applicable	$284.10	Premium + $14.50
above $137,000 up to $171,000	above $274,000 up to $342,000	Not applicable	$405.80	Premium + $37.50
above $171,000 up to $205,000	above $342,000 up to $410,000	Not applicable	$527.50	Premium + $60.40
above $205,000 less than $500,000	above $410,000 less than $750,000	above $109,000 less than $391,000	$649.20	Premium + $83.30
$500,000 or above	$750,000 and above	$391,000 and above	$689.90	Premium + $91.00

Our mission is to provide you the information you need to make an informed decision on Medicare.

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