2026 Medicare Part A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility

Hospitalized For:	Medicare Covers:	You Pay:
1-60 Days	Most confinement costs after the required Medicare deductible has been met.	**$1,736 DEDUCTIBLE**
61-90 Days	All eligible expenses after patient pays a per-day copay.	**$434 PER-DAY COPAY ($14,756 TOTAL)**
91-150 Days	All eligible expenses after patient pays a per-day copay. These are Lifetime Reserve Days that can never be used again.	**$868 PER-DAY COPAY ($66,836 TOTAL)**
150 Days or More	**NOTHING**	**ALL EXPENSES**
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 copay	**After 20 days: $217 PER-DAY COPAY ($17,360 TOTAL)**

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2026 Medicare Part B

Part B is medical insurance that covers physician services, outpatient care, tests, and some supplies. Monthly premium: $202.90*

On Expenses Incurred For:	Medicare Covers:	You Pay:
Annual Deductible	Incurred expenses after the required Medicare deductible has been met.	**$283 ANNUAL DEDUCTIBLE**
Medical Expenses (Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests)	80% of approved amount	**20% OF APPROVED AMOUNT****
Clinical Laboratory Services (Blood tests; urinalysis)	Generally 100% of approved amount	Nothing for services
Home Healthcare (Part-time or intermittent skilled care; home health aid services; durable medical supplies; and other services)	100% of approved amount; 80% of approved amount for durable medical supplies	Nothing for services; **20%** of approved amount for durable medical supplies**
Outpatient Hospital Treatment (Hospital services for the diagnosis of a treatment or injury)	Medicare payment to hospital based on outpatient procedure payment rate	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**
Excess Doctor Charges (Above Medicare-approved amount)	0% above approved amount	**ALL COSTS**

*Could be more or less depending on modified adjusted gross income level

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

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