

2026 MEDICARE PART A

(\$0 premium-40 QTRS - \$311 30-39 QTRS - \$565 <30 QTRS)

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



Hospitalization Time	Medicare Covers	You pay	You Pay with Plan F	You Pay with Plan G	You Pay with Plan N
1-60 days	Most confinement costs after the required Medicare deductible.	\$1,736.00 Part A Deductible	\$0	\$0	\$0
61-90 days	All eligible expenses after patient pays a per-day copayment.	\$434 Day Copayment as much as \$13,020	\$0	\$0	\$0
91-150 days	All eligible expenses after patient pays a per-day copayment (These are Reserve Days that may never be used again).	\$868 Day Copayment as much as \$52,080	\$0	\$0	\$0
151 days +	N/A	You Pay All Costs	\$0	\$0	\$0
SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-Approved facility within 30 days after hospital dischar and receive skilled nursing care.	All eligible expenses for the first 20 days; then all eligible expenses for 21-100 days after patient pays a per day copayment.	After 20 Days \$217.00 Copayment as much ***\$17,360	\$0	\$0	\$0

NOTES:

2026 MEDICARE PART B

(\$202.90 premium <109k - (up to \$689.90 based on income)

Part B is Medical Insurance and covers physician services, outpatient care, test and supplies.



On Expenses Incurred For:	Medicare Covers	You pay	You Pay with Plan F	You Pay with Plan G	You Pay with Plan N
Annual Deductible	Incurred expenses after the required Medicare deductible.	\$283 Annual Deductible	\$0	\$283 Annual Deductible	\$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	\$0	\$0	Up to \$20/\$50 Copays \$50 Emergency visit copay WAIVED if admitted
Clinical Lab Services Blood tests, urinalysis.	Generally 100% of approved amount.	Nothing for services	\$0	\$0	\$0
Home Health Care 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 equip.	Nothing for services 20% of approved amount* for durable med equip	\$0	\$0	\$0
Outpatient Hospital Treatment Hospital Services for the diagnosis or treatment of an illness or injury.	Medicare payment to hospital, based on outpatient procedure payment rates.	Coinsurance based on outpatient payment rates	\$0	\$0	\$0
Blood	80% of approved amount after first 3 pints.	First 3 pints plus 20% of approved amount for additional pints	\$0	\$0	\$0
Excess Doctor Charges Above Medicare-approved amount. (Max 115%)	0% above approved amount.	All Costs	\$0	\$0	All Costs

Age: _____ **T/NT:** _____ **Current Carrier:** _____

M/F: _____ **Phone Number:** _____ **Carrier:** _____