

2026 MEDICARE PART A PREMIUMS, DEDUCTIBLES and CO-PAYMENTS

Part A Monthly Premium

- 40 or more quarters: \$0
- 30–39 quarters of coverage: \$311/month
- Less than 30 quarters: \$565/month

Part A (Hospital) Deductibles and Co-Payments per Benefit Period in Original Medicare

- \$1,736 deductible, paid upon admission as a hospital inpatient for days 1-60
- \$434 per day for days 61-90
- \$868 per day for days 91-150 (*lifetime reserve days; non-renewable*)
- All costs for each day beyond 150 days

Skilled Nursing Facility Care Co-Payments in Original Medicare

- Covered in full for the first 20 days after a minimum 3-day qualifying hospital stay
- Beneficiaries pay \$217 per day for days 21-100
- Beneficiaries pay all costs after 100 days

Paying for Hospice Care

- Co-payment up to \$5 per outpatient prescription drug
- 5% of Medicare-approved amount for inpatient respite care

2026 MEDICARE PART B PREMIUMS

If Your Yearly Modified Adjusted Gross Income in 2024 was		Premium you paid for Part B in 2025*:	Premium you pay per month for Part B in 2026* :
File Individual Tax Return	File Joint Tax Return		
Less than or equal to \$109,000	\$218,000 or less	\$185.00	\$202.90
\$109,000- \$137,000	\$218,000- \$274,000	\$259.00	\$284.10
\$137,001- \$171,000	\$274,001- \$342,000	\$370.00	\$405.80
\$171,001- \$205,000	\$342,001- \$410,000	\$480.90	\$527.50
\$205,001- \$500,000	\$410,001 – \$750,000	\$559.00	\$649.20
Above \$500,000	Above \$750,000	\$594.00	\$689.90

*plus any late-enrollment penalties you may be assessed.

2026 MEDICARE PART B DEDUCTIBLES and CO-INSURANCE

Part B (Medical) Annual Deductible for Original Medicare: \$283 (was \$257 in 2025)

Co-insurance for most services in Original Medicare: 20% of Medicare approved amount after annual Part B deductible

2026 MEDICARE PART D MONTHLY ADJUSTMENT

The Affordable Care Act requires Part D enrollees whose incomes exceed the same thresholds that apply to higher income Part B enrollees to pay a monthly adjustment amount. Enrollees will pay the regular plan premium to their Part D plan and will pay the income-related adjustment to Medicare. The 2026 Part D **Income-Related Monthly Adjustment Amounts (IRMAA)** to be paid by beneficiaries who file an individual tax return or who file a joint tax return as follows:

If Your Yearly Modified Adjusted Gross Income in 2024 was		In addition to Part D Plan Premium, You Pay Monthly Part D Surcharge:
File Individual Tax Return	File Joint Tax Return	
\$109,000 or less	\$218,000 or less	\$0
\$109,000 - \$137,000	\$218,000 - \$274,000	\$14.50
\$137,001 - \$171,000	\$274,001 - \$342,000	\$37.50
\$171,001 - \$205,000	\$342,001 - \$410,000	\$60.40
\$205,001 - \$500,000	\$410,001 - \$750,000	\$83.30
Above \$500,000	Above \$750,000	\$91.00

Medicare Part D Prescription Coverage Parameters	2025	2026
Annual Deductible	\$590	\$615
Initial Coverage Limit to enter Coverage Gap	No longer applies	No longer applies
Out-of-Pocket Threshold	\$2,000	\$2,100
Minimum Cost-Sharing in Catastrophic Coverage for Generics/Brands	\$0	\$0

Drug Co-Payments for those with LIS	2025	2026
LIS Level 3: Medicaid Waiver, Nursing home resident, or on MLTSS or DSNP member	\$0	\$0
LIS Level 2: (100% FPL or less) Dual Eligible on Medicare and full Medicaid	\$1.60/\$4.80 Generics/Brands reduced to \$0 if reach Catastrophic Coverage	\$1.60/\$4.90 Generics/Brands reduced to \$0 if reach Catastrophic Coverage
LIS Level 1: (101% - 150% FPL) Non-duals who get help with Part B via SLMB/ QI or QMB-only, or have LIS only	\$4.90 /\$12.15* Generics/Brands	\$5.10/\$12.65 Generics/Brands * copay reduced to \$5/\$7 if also have PAAD

Part B Immunosuppressive Drug Coverage Only

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	2025 Monthly Premium	2026 Monthly Premium
Less than or equal to \$109,000	Less than or equal to \$218,000	\$110.40	\$121.60
Greater than \$109,000 and less than or equal to \$137,000	Greater than \$218,000 and less than or equal to \$274,000	\$184.00	\$202.70
Greater than \$137,000 and less than or equal to \$171,000	Greater than \$274,000 and less than or equal to \$342,000	\$294.50	\$324.30
Greater than \$171,000 and less than or equal to \$205,000	Greater than \$342,000 and less than or equal to \$410,000	\$404.90	\$445.90
Greater than \$205,000 and less than \$500,000	Greater than \$410,000 and less than \$750,000	\$515.30	\$567.50
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$552.10	\$608.10

Who is eligible for the indefinite coverage of their transplant immunosuppressive medications under Medicare Part B?

- Received a kidney transplant from a Medicare-approved facility.
- Was **eligible** for Medicare at the time of their transplant **and applied** for Medicare prior to the transplant (even if they were not enrolled at that time). It does not matter if Medicare was the primary or secondary payer to other insurance.
- Does not have Medicaid.
- Does not have other public or private health insurance with an immunosuppressive benefit. Public insurance includes Medicaid, Department of Veterans Affairs coverage, or TRICARE (for civilian Armed Forces personnel and retirees). Private insurance examples include a group health plan, employer-based plan, coverage under the Affordable Care Act, or individual health insurance plan.