

# MEDICARE

WHAT YOU NEED TO KNOW



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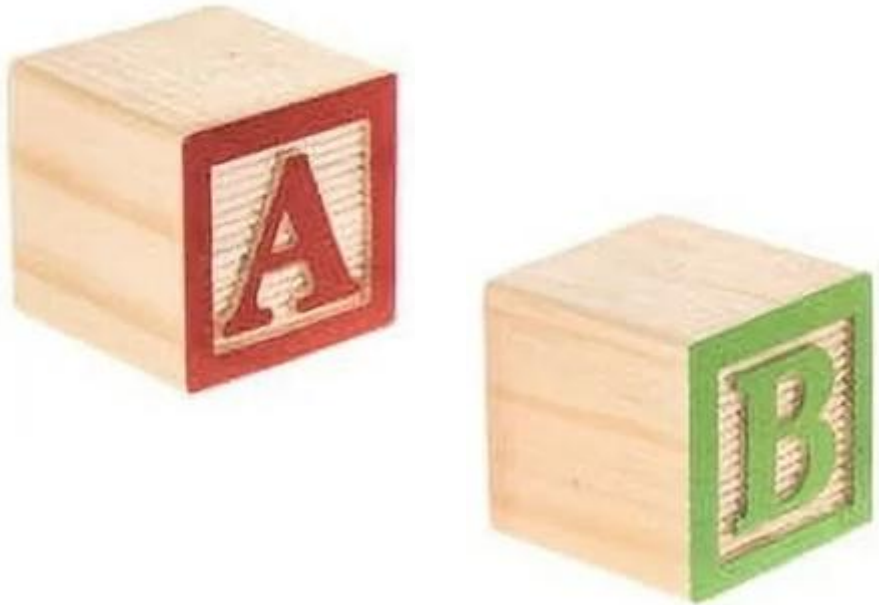
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*Please note that “your area” refers to the number of organizations we represent in the state of \_\_\_\_\_ and the number of products they offer. Our licensed sales agents will be able to review plan options in your zip code.*

# What's Medicare?

Medicare is health insurance for people 65 or older, certain people who are under 65 with disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).



## Original Medicare has two parts:

- Part A – Hospital Insurance
- Part B – Medical Insurance

# The different parts of Medicare

The different parts of Medicare help cover specific services.



## Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



## Part B (Medical Insurance)

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)



## Part D (Drug coverage)

Helps cover:

Cost of prescription drugs (including many recommended shots or vaccines)

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

# Medicare Part A Coverage

2026 Inpatient Hospital care costs for original Medicare	Hospital Part A	+	Doctors Part B	+	Excess Charges
<b>1-60</b> Inpatient Hospital Stay days	<b>\$1,736</b>	+	20%	+	15%
90 Inpatient Hospital stay days <b>(61-90 Days:</b> You Pay \$ per day, each day	<b>\$434</b>	+	20%	+	15%
<b>Medicare Benefit Period Ends</b>					
150 inpatient Hospital Stay Days <b>(91-150 Days:</b> You pay \$ per day , each day	<b>\$868</b>	+	20%	+	15%
<b>Medicare Coverage Ends</b> (Until you are out of the hospital <b>60 consecutive days)</b>	<b>All Cost</b>	+	All Cost	+	15%

# UNDERSTANDING YOUR COVERAGE: SKILLED NURSING FACILITY CARE

## What is it?

- A type of care that is provided daily in a skilled nursing facility when it is necessary in order to treat, manage, and observe your condition, and evaluate your care.

## How to qualify for Medicare coverage?

- Your doctor must certify that you need daily skilled care
- Care must take place in a Medicare approved facility that contracts with hospice
- Long-term care (Custodial care) or non-skilled personal care assistance is not covered.
- Medicare only covers these services after a medically necessary **3-day minimum** in-patient hospital stay for an illness or injury.
- Medicare Advantage beneficiaries may not need a 3-day inpatient hospital stay. Check with the plan to confirm

## What do you pay?

- You pay nothing for the first **20 days** of each benefit period.
- You pay a coinsurance amount of **\$217 per day for days 21-100** of the benefit period.
- You pay **all cost beyond the 100-day** benefit period.

## Medicare and Home Health Care Coverage

Medicare will NOT Cover	Medicare WILL cover, IF
<ul style="list-style-type: none"><li>✘ 24-hour-a-daycare</li><li>✘ Help with activities of daily living like bathing, dressing, and using the bathroom (if that's all your client needs)</li><li>✘ Homemaker services like shopping, cleaning, and laundry</li><li>✘ Meals delivered to the home</li></ul>	<ul style="list-style-type: none"><li>✓ Your client is under the care of a doctor and has a plan of care that's reviewed regularly</li><li>✓ Your client needs intermittent skilled nursing care, physical therapy, pathology services, or continued occupational therapy</li><li>✓ The home health agency is approved by Medicare</li><li>✓ Your client is homebound</li><li>✓ A doctor documents faced-to-face encounters within a required timeframe</li></ul>

# Medicare Part B Coverage

**Part B deductible for 2026 is \$283 (2025 \$257)**

Medicare part B is the medical insurance portion of your plan. It pays benefits for:

- Doctors' services
- Outpatient hospital services
- Medical services and supplies



# Medicare Part B Coverage

## Examples of Services and Supplies Usually Covered

### Doctor Services

#### Services received:

- In the hospital
- In the doctor's office
- From your doctor's office
- In any Medicare-approved medical or nursing facility
- At home
  
- Assistant surgeon fees
- Diagnostic test and treatments
- Administered Drugs
- Anesthetist fees

### Outpatient Hospital Services

- Emergency room
- Hospital clinic services
- Physical therapy
- Administered drugs
- Lab test
- X-rays
- Radiology medical supplies.

### Medical Services and Supplies

- Independent lab test
- Ambulance
- Surgical dressing
- Cast and splints
- Pacemakers, artificial limbs, braces, wheelchairs, and other necessary equipment
- Corrective lenses after a cataract operation

# Medicare part B Coverage

Examples of Services and Supplies **NOT** Usually Covered

Doctor Services	Outpatient Hospital Services	Medical Services and Supplies
<ul style="list-style-type: none"><li>• Dental care</li><li>• Routine physical examinations</li><li>• Oral surgery</li><li>• Routine foot care, eye or ear examinations</li><li>• Some Immunizations*</li><li>• Chiropractic services except for manual manipulation of the spine</li></ul>	<ul style="list-style-type: none"><li>• Cosmetic procedures not medically necessary</li><li>• Lab test not medically necessary</li></ul>	<ul style="list-style-type: none"><li>• Dental plates</li><li>• Orthopedic shoes</li><li>• First aid supplies</li><li>• Self-administered drugs, even with a doctor's prescription</li><li>• Eyeglasses</li><li>• Hearing aids</li></ul>

\* Medicare Part D covers [most vaccines and immunizations](#). However, there are certain vaccinations that are always covered by Part B: [Influenza \(flu\) shots](#), including both the seasonal flu vaccine and the H1NI (swine flu) vaccine [Pneumococcal \(pneumonia\) shots](#), [Hepatitis B shots](#) [COVID-19 vaccine](#)

# Medicare Part B Premium

Since 2007, a beneficiary's Part B monthly premium is based on his or her income. These income-related monthly adjustment amounts (IRMAA) affect roughly 7 percent of people with Medicare Part B.

The **2026 Part B premium is \$202.90**. You can easily determine your 2026 Part B and Part D total premiums by adding the income-related monthly adjustment amount to the 2026 premium costs.

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$109,000	Less than or equal to \$218,000	\$0.00	\$202.90
Greater than \$109,000 and less than or equal to \$137,000	Greater than \$218,000 and less than or equal to \$274,000	\$81.20	\$284.10
Greater than \$137,000 and less than or equal to \$171,000	Greater than \$274,000 and less than or equal to \$342,000	\$202.90	\$405.80
Greater than \$171,000 and less than or equal to \$205,000	Greater than \$342,000 and less than or equal to \$410,000	\$324.60	\$527.50
Greater than \$205,000 and less than \$500,000	Greater than \$410,000 and less than \$750,000	\$446.30	\$649.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$487.00	\$689.90

# Medicare Part D 2026 IRMAA

Part D		
<b>Beneficiaries who file individual tax returns with modified adjusted gross income:</b>	<b>Beneficiaries who file joint tax returns with modified adjusted gross income:</b>	<b>Income-related monthly adjustment amount</b>
Less than or equal to \$109,000	Less than or equal to \$218,000	\$0.00
Greater than \$109,000 and less than or equal to \$137,000	Greater than \$218,000 and less than or equal to \$274,000	\$14.50
Greater than \$137,000 and less than or equal to \$171,000	Greater than \$274,000 and less than or equal to \$342,000	\$37.50
Greater than \$171,000 and less than or equal to \$205,000	Greater than \$342,000 and less than or equal to \$410,000	\$60.40
Greater than \$205,000 and less than \$500,000	Greater than \$410,000 and less than \$750,000	\$83.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$91.00

# Original Medicare Gaps

- Medicare Supplement plans can cover most of these gaps
- Choice of plans determined gaps covered
- Prescription drug coverage can assist with the gaps for the outpatient drug cost through a Medicare Part D plan

# OVERVIEW OF MEDICARE OPTIONS

	Original Medicare	Medicare Advantage
Coverage	<ul style="list-style-type: none"> <li>Part A (Hospital Insurance)</li> <li>Part B (Medical Insurance)</li> </ul> <p>*Medicare drug coverage (Part D) and supplemental coverage (Medigap) can be added separately</p>	<ul style="list-style-type: none"> <li>Part A (Hospital Insurance)</li> <li>Part B (Medical insurance)</li> <li>Usually Part D (Drug Coverage)</li> <li>Usually has extra benefits like hearing, vision, and dental</li> </ul>
Cost	<ul style="list-style-type: none"> <li>Covers 20% of the Medicare Approved amount out-of-pocket</li> <li>Part B monthly premium based on income</li> <li>No limit on out-of-pocket cost</li> </ul>	<ul style="list-style-type: none"> <li>Out-of-pocket cost vary</li> <li>Pay a monthly premium in some cases</li> <li>Yearly limit for out-of-pocket costs</li> </ul>
Provider Choice	<ul style="list-style-type: none"> <li>Covers any doctors or hospitals that accept Medicare patients, and usually do not need a referral to see a specialist</li> </ul>	<ul style="list-style-type: none"> <li>May only cover doctors and hospitals within the plan's network and may need a referral to see a specialist</li> </ul>

# Your Medicare coverage options

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare.

## Option 1

### Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

# Option 2

## Medicare Advantage (also known as Part C)

- A Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D.
- In most cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn't cover - like vision, hearing, and dental services.

Part A



Part B



### Most plans include:

Part D



Some extra benefits

### Some plans also include:

Lower out-of-pocket-costs

**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE  
BENEFIT PLANS AVAILABLE: A, B, F, G, HIGH DEDUCTIBLE G, N**

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2026 <sup>2</sup>					\$8,000 <sup>2</sup>	\$4,000 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

**PLAN G**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1736	\$1736 (Part A Deductible)	\$0
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$217 a day	Up to \$217 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN G**

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed \$283 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$283 of Medicare-Approved amounts*	\$0	\$0	\$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$283 of Medicare-Approved amounts*	\$0	\$0	\$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$257 of Medicare-Approved amounts*	\$0	\$0	\$257 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0

**PLAN G**

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

