



## State Health Insurance Assistance Program (SHIP)

1-800-803-7174

### MEDICARE PART A: 2026

Services	Benefit	Medicare Pays	You Pay
<b>HOSPITALIZATION</b> Semiprivate room and board, general nursing and other hospital services and supplies	First 60 days 61 <sup>st</sup> to 90 <sup>th</sup> day 91 <sup>st</sup> to 150 <sup>th</sup> day Beyond 150 days	All but \$1,736 All but \$434 a day All but \$868 a day Nothing	\$1,736 - deductible \$434 a day - co-insurance \$868 a day - co-insurance All Costs
<b>SKILLED NURSING FACILITIES</b> Semiprivate room and board, skilled nursing and rehab services and other services and supplies, following a 3-day hospital stay	First 20 days Additional 80 days Beyond 100 days	100% of approved amount All but \$217 a day Nothing	Nothing \$217 a day - co-insurance All costs
<b>HOME HEALTH SERVICES</b> Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Up to 100 visits following a 3-day hospital stay as long as you meet Medicare conditions	100% of approved amount 80% of approved amount for durable medical equipment	Nothing for services 20% of approved amount for durable medical equipment
<b>HOSPICE CARE</b> Pain relief, symptom management and support services for the terminally ill.	For as long as doctor certifies need	All but minimal costs for outpatient drugs and inpatient respite care (up to \$5 per prescription)	Limited costs for outpatient drugs and inpatient respite care (5% coinsurance)
<b>BLOOD</b> When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	Costs starting with the 4th unit per calendar year	For the first 3 units for each calendar year

**To Purchase Part A:** \$565/month for persons with 30 or less credits of MC covered employment

\$311/month for persons between 30-39 credits of MC covered employment



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### MEDICARE PART B: 2026

Services	Benefit	Medicare Pays	You Pay
<b>DOCTOR &amp; HEALTH CARE PROVIDER SERVICES</b> Medically necessary doctor and other specified health care provider services including outpatient mental health services	Unlimited if medically necessary	80% of approved amount after deductible	\$283 deductible and 20% of billed amount
<b>CLINICAL LABORATORY SERVICES</b> Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally, 100% of approved amounts	Nothing for services
<b>HOME HEALTH CARE</b> Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount. 80% of approved amount for durable medical equipment	Nothing for services \$283 annual deductible and 20% of billed amount
<b>OUTPATIENT HOSPITAL TREATMENT</b> Services for the diagnosis or treatment of illness or injury provided in an outpatient setting	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	\$283 annual deductible, 20% of billed amount. Note: Health care provider services and hospital may be billed separately.
<b>BLOOD</b>	Unlimited if medically necessary	80% of approved amount starting with the 4th unit (after deductible)	For the first 3 units for each calendar year.

**2026 PART B MONTHLY PREMIUM: \$202.90 for most people.  
 (HIGHER if annual income is above \$109,000 individual)/\$218,000 married)**