

What's New for Medicare in 2026?

Part A: Hospital insurance



Part A premium	If you've worked and paid Medicare tax: 10 years or more \$0 per month 7.5 to 10 years \$311 per month fewer than 7.5 years \$565 per month
Part A hospital deductible	\$1,736 each benefit period
Part A hospital coinsurance	\$0 for the first 60 days of inpatient care each benefit period \$434 per day for days 61-90 each benefit period \$868 per lifetime reserve day after day 90 in a benefit period (You have 60 lifetime reserve days that can only be used once. They're not renewable.)
Skilled nursing facility insurance	\$0 for the first 20 days of inpatient care each benefit period \$217 per day for days 21-100 each benefit period

Part B: Medical insurance



Part B premium (For individuals with incomes below \$109,000 or couples with incomes below \$218,000)	\$202.90 is the standard premium
Part B deductible	\$283 per year
Part B coinsurance	20% for most services Part B covers

Part D: Prescription drug coverage



Part D base premium	\$38.99 per month
Part D maximum deductible	\$615 per year
Catastrophic coverage You will owe \$0 on covered drugs after reaching this cap.	\$2,100

What's New for Medicare in 2026?

Telehealth coverage

During and after the COVID-19 Public Health Emergency, telehealth coverage was temporarily expanded to include more flexibility and allow more people to receive care from their homes. These flexibilities have been extended through December 31, 2027.



After December 31, 2027, telehealth services are:

- Covered for all beneficiaries in any geographic area, at home in addition to health care settings
- Sometimes delivered using audio only
 - For example, for behavioral/mental health care
- Provided by any health care professional that was eligible to bill Medicare

Medicare Advantage plans must cover all of the telehealth benefits included in Original Medicare, but they may also cover additional telehealth benefits. Contact your plan to learn more.

After December 31, 2027, most telehealth services will again be more limited unless Congress acts. For now, only some of the broader telehealth coverage has been made permanent.

**If you have a Medicare Advantage plan,
contact your plan directly to learn about your 2026 costs.**

What's New for Medicare in 2026?

New, temporary Special Enrollment Period (SEP)

This SEP is for any beneficiary who relied on inaccurate provider directory information during the first year of implementing the Medicare Plan Finder provider directory.

Medicare will grant you an SEP if you:

- Used the Medicare Plan Finder provider directory to select a Medicare Advantage plan
- Enrolled in that plan through Medicare Plan Finder
- And, within three months of the effective date of the plan, you realized that your preferred provider is not in the plan's network

“New” Medicare card fraud schemes



Do you know what isn't new this year? Your Medicare card.

Medicare beneficiaries are not receiving new cards this year, but scammers may try to convince you otherwise. For example, scammers may falsely tell you that Medicare is issuing new cards—perhaps a card that is plastic, or a card that has a chip in it. The scammers may tell you that for them to send your new card, you need to verify your identity. This is an attempt to get your personal or financial information.

Here are some red flags to look for:

- Unsolicited calls from anyone claiming to be from Medicare
- Anyone needing your personal information so that they can send you an updated Medicare card
- Anyone saying your card is expiring, and they need to send you a new one or you will be charged a fine
- Anyone stating Medicare is issuing new cards and you need to verify your number

What's New for Medicare in 2026?



Who to contact for more information:

- Contact your State Health Insurance Assistance Program (SHIP) if you have questions about 2026 coverage or enrollment periods.
- Contact your local Senior Medicare Patrol (SMP) if you have experienced potential Medicare fraud, errors, or abuse.
- Contact your Medicare Advantage or Part D plan to ask about 2026 changes to your costs or coverage.
- Call 1-800-MEDICARE (1-800-633-4227) to request another copy of your 2026 Medicare & You handbook.

Local SHIP contact information	Local SMP contact information
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Medigap Policies



Medigaps are health insurance policies that offer standardized benefits and that work with Original Medicare. They don't work with Medicare Advantage plans. Medigaps are sold by private insurance companies. If you have a Medigap, it pays part or all of the costs after Original Medicare pays first. Medigaps may also cover health care costs that Medicare does not cover at all—for example, limited care when traveling abroad.

Choosing a Medigap

Insurance companies may offer up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N. Each lettered policy is standardized. This means that all policies labeled with the same letter have the same benefits. Companies may sell the same Medigap for different prices, even though they have the same coverage. Note: Massachusetts, Minnesota, and Wisconsin have different Medigap plans.

Listed below are things you should consider when choosing a Medigap plan. Make sure to review the Medigap chart on the next page for more information.

- Plan A offers the most basic coverage. It's often the least expensive.
- Plans F, C, and G are the most comprehensive Medigaps. They generally cost the most.
- Plans F and C are only available if you were eligible for Medicare before January 1, 2020.
- Medigap plans are guaranteed renewable. That means that as long as you pay the premium, you can keep your plan. However, premiums may change yearly.
- Shop around. Different insurance companies charge different premiums for the exact same coverage.



Contact your State Health Insurance Assistance Program (SHIP) to learn when you can purchase a Medigap in your state.

Call 877-839-2675 or visit www.shiphelp.org to contact your local SHIP.

Medigap policy benefits

For policies sold on or after June 1, 2010

	A	B	C	D	F*	G*	K**	L**	M	N
Hospital copayment Copays for days 61-90 (\$434) and days 91-150 (\$868) in hospital. Payment in full for 365 additional lifetime days.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance For services such as doctors' services, laboratory and x-ray services, durable medical equipment, and hospital outpatient services.	✓	✓	✓	✓	✓	✓	50%	75%	✓	Except \$20 for doctor visits and \$50 for emergency visits
First three pints of blood	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice care Coinsurance for respite care and other Part A-covered services.	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility (SNF) copay Covers \$217 a day for days 21-100 each benefit period.			✓	✓	✓	✓	50%	75%	✓	✓
Hospital deductible Covers \$1,736 in each benefit period.		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B annual deductible Covers \$283 (Part B deductible).			✓		✓					
Part B excess charges 100% of Part B excess charges (Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment).					✓	✓				
Preventive care 100% of coinsurance for Part B-covered preventive care services after you meet the Part B deductible.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency care outside the U.S. 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.			✓	✓	✓	✓			✓	✓

Note: Plans C and F are only available to you if you became newly eligible for Medicare before January 1, 2020.

*Plans F & G also offer a high-deductible option. You pay a \$2,950 deductible in 2026 before Medigap coverage starts.

**Plans K and L pay 100% of your Part A and Part B copays after you spend a certain amount out of pocket. The 2026 out-of-pocket maximum is \$8,000 for Plan K and \$4,000 for Plan L.

This chart doesn't apply to Massachusetts, Minnesota, and Wisconsin. Those states have their own Medigap system.

Protect Your Medicare Number

Watch out for people trying to steal your medical identity!

Medical identity theft can happen when someone steals or talks you into giving them your personal information, such as your name and Medicare number, to bill unnecessary medical treatments or products to your insurance. It is important to protect your Medicare number and only share it with trusted individuals because it can affect your medical, health, or financial records.



Prevent potential medical identity theft by:

- Never giving out your Medicare number, or other personal information, to anyone other than your doctor, health care provider, or other trusted representatives
- Always protecting your Medicare number and card as you would a credit card or your social security card
- Never giving out your Medicare number to anyone who contacts you through unsolicited calls, texts, or emails
- Always being cautious of anyone who offers you “free” testing, treatments, medical supplies, or gifts

Report potential medical identify theft if:

- You gave out your Medicare number over the phone or internet to someone offering medical items like durable medical equipment, genetic/dementia testing, cancer screenings, or back braces
- You gave out your Medicare number over the phone to someone that said you need a ‘NEW’ Medicare card that is plastic, has a chip in it, or is laminated. Medicare is not changing or updating Medicare cards
- You see charges on your Medicare statements for services or items you did not receive or need
- You are contacted by a debt collection agency for a bill for services you did not receive
- You receive boxes of braces, testing kits, or other medical supplies in the mail that you did not request or need

Report potential medical identity theft to the Senior Medicare Patrol (SMP).

Contact information for your local SMP on the last page of this document.

Medigap Policies



Who to contact for more information:

- Contact your State Health Insurance Assistance Program (SHIP) to learn about the Medigap rules in your state and to get help comparing plan options.
- Contact your local Senior Medicare Patrol (SMP) if you have experienced potential Medicare fraud, errors, or abuse.
- Go to Medicare.gov for online help comparing Medigaps in your area.
- If you decide to purchase a Medigap, call the plan directly to purchase the policy.

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Emergency and Urgently Needed Care

You never know when an emergency will arise, but you can be prepared.



Emergency medical condition: Symptoms severe enough that someone with an average knowledge of health and medicine could reasonably expect your health to be in serious danger if you don't get medical attention right away.



Urgently needed care: Medically necessary and immediately required as a result of an unforeseen illness, injury, or condition. Not reasonable for you to wait to get needed care.

These definitions are especially important if you have a Medicare Advantage plan! There are certain protections for you if you need emergency or urgent care outside of your plan's network.

Emergency Room Services

Original Medicare covers emergency room services anywhere in the U.S.

Medicare Advantage plans must also cover emergency room services anywhere in the country. Your plan cannot make you see an in-network provider or get a referral. It must also cover needed follow-up care related to the medical emergency if delaying it would endanger your health. You have the right to appeal if your plan does not cover your emergency care.



Emergency and Urgently Needed Care

Note: If your condition was not an emergency but appeared to be an emergency, your care must still be covered. For example, let's say you have chest pain and think you could be having a heart attack. If you go to the emergency room and doctors discover that your pain is heartburn, your care should still be covered because the situation appeared to be an emergency.

Ambulance coverage



Medicare covers emergency ambulance services. (In limited cases, it covers non-emergency ambulance services.) Medicare considers an emergency to be any situation when your health is in serious danger and you cannot be transported safely by other means. If your trip is scheduled when your health is not in immediate danger, it is not considered an emergency.

Note that the ambulance is only covered if it takes you to and from certain locations. For example, from any place where need arises to the nearest appropriate hospital.

Emergency care outside the U.S.

Medicare usually doesn't cover medical care outside the U.S. However, Original Medicare and Medicare Advantage must cover care in certain circumstances:



- You get emergency care in Canada while traveling a direct route, without unreasonable delay, between Alaska and another state, and the closest hospital that can treat you is in Canada.
- You get emergency care on a cruise ship while the ship is in U.S. territorial waters. This means the ship is in a U.S. port or within six hours of a U.S. port.
- You get emergency care in a foreign hospital that is closer to your residence than the nearest available U.S. hospital. This may happen if you live near the border of Mexico or Canada.

Emergency and Urgently Needed Care



Contact your State Health Insurance Assistance Program (SHIP) to learn more about emergency and urgently needed care. Contact information for your local SHIP is on the last page of this document.

Look out for ambulance fraud, errors, or abuse!

Here are some red flags:

- You were transported in an unapproved ambulance like a taxi, van, or rideshare.
- An ambulance company billed for more mileage than the actual distance of your trip.
- An ambulance was arranged for you, even though it was not an emergency or medically necessary.
- You were transported from your house to a non-covered destination, like your doctor's office or a community health center.



If you believe you have experienced potential Medicare fraud, errors, or abuse, contact your local Senior Medicare Patrol (SMP). Your local SMP can help you report the situation to the correct authorities. Contact information is on the last page of this document.

Emergency and Urgently Needed Care



Who to contact for more information:

- Contact your State Health Insurance Assistance Program (SHIP) to learn more about Original Medicare coverage or for help appealing a denial from Medicare or your Medicare Advantage plan.
- Contact your local Senior Medicare Patrol (SMP) if you have experienced potential Medicare fraud, errors, or abuse.
- Contact your Medicare Advantage plan to learn about your plan's coverage and costs related to emergency and urgently needed care.

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