

2026 MEDICARE PART A

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

When you are hospitalized for:	Medicare Covers	Medicare Supplement Plan F, G, or N Pays	You Pay
1 – 60 days	Most confinement costs after the required Medicare Deductible of \$1,736	\$1,736 PART A DEDUCTIBLE per 60 days benefits period.	\$0
61 – 90 days	All eligible expenses, after the patient pays per-day copay of \$434	\$434 A DAY	\$0
91 – 150 days	All eligible expenses, after patient pays per-day copay of \$868	\$868 A DAY	\$0
151 days or more	NOTHING	100% FOR ADDITIONAL 365 DAYS	\$0
Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, after patient pays per-day copay of \$217	\$217 A DAY	\$0

2026 MEDICARE PART B

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

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan F Pays	You Pay
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of \$283 a Year</p>	<p>\$283 Part B ANNUAL DEDUCTIBLE</p>	<p>\$0</p>
		<p>20% OF MEDICARE APPROVED CHARGES</p>	<p>\$0</p>
		<p>100% OF MEDICARE Part B EXCESS CHARGES</p>	<p>\$0</p>

2026 MEDICARE PART B

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

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan G Pays	You Pay
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening 	<p style="text-align: center;">80% of all Medicare "approved" charges after the required Medicare Deductible of \$283 a Year</p>	<p>\$0 Part B ANNUAL DEDUCTIBLE</p>	<p>\$283</p>
<p>20% OF MEDICARE APPROVED CHARGES</p>		<p>\$0</p>	
<p>100% OF MEDICARE Part B EXCESS CHARGES</p>		<p>\$0</p>	

2026 MEDICARE PART B

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

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan N Pays	You Pay
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of \$283 a Year</p>	<p>\$0 Part B ANNUAL DEDUCTIBLE</p>	<p>\$283</p>
		<p>20% OF MEDICARE APPROVED CHARGES After Copay</p>	<p>Up to \$20 Copay for Office Visits (\$50 for ER)</p>
		<p>\$0 OF MEDICARE Part B EXCESS CHARGES</p>	<p>All MEDICARE Part B EXCESS CHARGES</p>

2026 MEDICARE PART B

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

On Expenses Incurred For:		Medicare Covers
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan 	<ul style="list-style-type: none"> • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear & Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of</p> <p>\$283</p> <p>Per Year</p>

If you have a Medicare Supplement Plan F		If you have a Medicare Supplement Plan G	
Plan F Pays	You Pay	Plan G Pays	You Pay
\$283 Part B ANNUAL DEDUCTIBLE	\$0	\$0 Part B ANNUAL DEDUCTIBLE	\$283 Part B ANNUAL DEDUCTIBLE
20% OF MEDICARE APPROVED CHARGES	\$0	20% OF MEDICARE APPROVED CHARGES	\$0
100% OF MEDICARE Part B EXCESS CHARGES	\$0	100% OF MEDICARE Part B EXCESS CHARGES	\$0

2026 MEDICARE PART B

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

On Expenses Incurred For:		Medicare Covers	
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan 		<ul style="list-style-type: none"> • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear & Bone Density Screening • Prostate Screening 	
		<p>80% of all Medicare "approved" charges after the required Medicare Deductible of</p> <p>\$283</p> <p>Per Year</p>	
If you have a Medicare Supplement Plan G		If you have a Medicare Supplement Plan N	
Plan G Pays	You Pay	Plan N Pays	You Pay
<p>\$0</p> <p>Part B ANNUAL DEDUCTIBLE</p>	<p>\$283</p> <p>Part B ANNUAL DEDUCTIBLE</p>	<p>\$0</p> <p>Part B ANNUAL DEDUCTIBLE</p>	<p>\$283</p> <p>Part B ANNUAL DEDUCTIBLE</p>
<p>20%</p> <p>OF MEDICARE APPROVED CHARGES</p>	<p>\$0</p>	<p>20%</p> <p>OF MEDICARE APPROVED CHARGES After Copay</p>	<p>Up to</p> <p>\$20</p> <p>Copay for Office Visits (\$50 for ER)</p>
<p>100%</p> <p>OF MEDICARE Part B EXCESS CHARGES</p>	<p>\$0</p>	<p>\$0</p> <p>OF MEDICARE Part B EXCESS CHARGES</p>	<p>All</p> <p>OF MEDICARE Part B EXCESS CHARGES</p>