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RESOURCE GUIDE

COMPANY NAME

YOUR NAME

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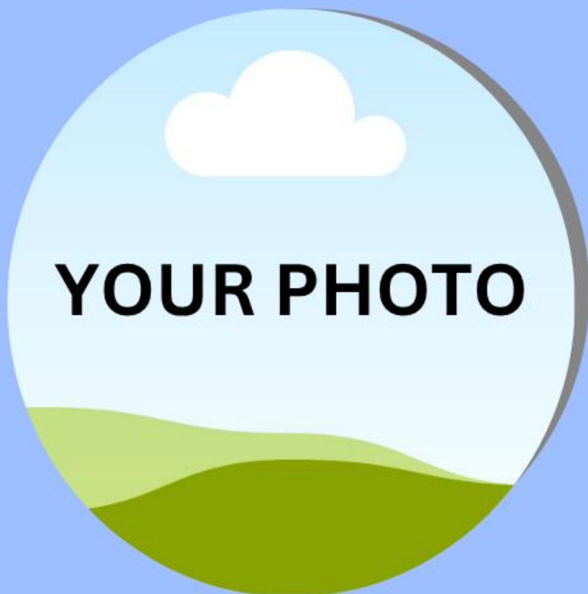

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TABLE OF CONTENTS

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COMPANY NAME

Fact sheet

2026 Medicare Costs

Medicare Part A (Hospital Insurance) Costs

Inpatient Hospital Stay — *you pay...*

- **Deductible: $1,736** per benefit period
- Coinsurance (days 1-60): $0 per day of each benefit period
- Coinsurance (days 61-90): $434 per day of each benefit period
- Coinsurance (60 lifetime reserve days): $868 per day after day 90 of each benefit period

(benefit period ends 60 days after release from care)

Skilled Nursing Facility (SNF) Stay — you pay...

- Coinsurance (days 1-20): $0 per day of each benefit period
- Coinsurance (days 21-100): $217 per day of each benefit period

(3-day inpatient hospital stay required first)

Medicare Part B (Medical Insurance) Costs

Part B Deductible — You Pay
Approximately **$283 per calendar year** before Part B coverage begins.

Part B Coverage — You Pay
After the deductible is met, you generally pay **20% of the Medicare-approved amount** for covered Part B services.

Part B Premium
The standard Part B premium is estimated at **$202.90 per month (or higher depending on your income).**

Income-Related Monthly Adjustment Amount (IRMAA)
Higher-income beneficiaries may be required to pay a **Part B IRMAA**, which is **added to the standard Part B premium** (see IRMAA table below).

Higher-income beneficiaries who enroll in **Medicare Part D prescription drug coverage**, either through a standalone Prescription Drug Plan (PDP) or a Medicare Advantage plan with Part D (MAPD), may also pay a **Part D IRMAA**, in addition to the plan's monthly premium (see IRMAA table below).

What are the parts of Medicare?

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 the 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.

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Your Medicare 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:

Original Medicare

- 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.
- You can also use or shop for and buy supplemental coverage, that helps pay your out-of-pocket costs (like your 20% coinsurance).

✓Part A

✓Part B

You can add:

Part D

You can also add:

Supplemental coverage

It can help pay some costs that other parts don'tcover.This includes MedicareSupplement Insurance (Medigap).Or, you can use coverage from a current or former employer or union, or Medicaid (if you have it).

Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These plans bundle your Part A, Part B, and usually Part D together.
- In many 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 often have different out-of-pocket costs than Original Medicare or supplemental coverage like Medigap. You may also have an additional premium.
- Plans may offer some extra benefits that Original Medicare doesn't cover.

✓Part A

✓Part B

Most plans include:

✓Part D

✓Some extra benefits

Medicare Part B (Medical Insurance) Costs (*continued*)

If your income from two years ago is above a certain level, you'll pay both the standard Medicare Part B premium and an additional income-related charge.

If your MAGI (Modified Adjusted Gross Income)* in 2024 was...			You pay in 2026 (per person) Monthly premiums to Medicare	
Individual Tax Return	**Joint Tax Return**	**Married & Separate Tax Return**	**Part B** Premium + IRMAA	**Part D IRMAA** (in addition to Part D plan premium)
109,000 or less	$218,000 or less	$109,000 or less	**$202.90**	**$0**
$109,001 – $137,000	$218,001 – $274,000	N/A	**$284.10**	**+ $14.50**
$137,001 – $171,000	$274,001 – $342,000	N/A	**$405.80**	**+ $37.50**
$167,001 to $200,000	$334,001 to 400,000	N/A	**$527.50**	**+ $60.40**
$200,001 to $499,999	$400,001 to $749,999	$106,001 to $393,999	**$649.20**	**+ $83.30**
$500,000+	$750,000+	$391,000+	**$689.90**	**+ $91.00**

2024 MAGI = Adjusted Gross Income (Form 1040, line 11) + Tax-Exempt Interest (Form 1040, line 2a)
You may qualify for a Life-Changing Event (LCE) if you experienced one or more of the following eight events:

1. Death of spouse (HI 01120.010);
2. Marriage (HI 01120.015);
3. Divorce or annulment (HI 01120.020);
4. Work reduction (HI 01120.025);
5. Work stoppage (HI 01120.030);
6. Loss of income-producing property (HI 01120.035);
7. Loss of employer pension (HI 01120.040); or
8. Receipt of settlement payment from a current or former employer (HI 01120.043).

Life Changing Event
SSA Form 44

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MEDICARE PRESCRIPTION PAYMENT PLAN

HOW WILL THIS AFFECT MY MEDICARE?

The Medicare Prescription Payment Plan (M3P) is an optional payment program that helps members manage out-of-pocket Medicare Part D prescription drug costs by spreading them over time.

How the Program Works

- Members who opt in can spread prescription drug costs into monthly payments.
- When a member fills a prescription for a drug covered by their Part D plan, they pay $0 at the pharmacy.
- Instead of paying at the point of sale, the member receives a monthly bill directly from their prescription drug plan.
- Monthly bills reflect the member’s accumulated out-of-pocket prescription costs for the year.

Who Can Use M3P

- Available to members enrolled in:
  - Standalone Prescription Drug Plans (PDPs)
  - Medicare Advantage plans with Part D coverage (MAPDs)
- The plan must include drug coverage with cost sharing.

Sign-Up Information (2026)

- Members may sign up:
  - During the Annual Enrollment Period (AEP), beginning October 15 each year
  - At any time during the year by contacting their prescription drug plan
- Enrollment options include:
  - Phone
  - Online
  - Paper form
- Sign-up is completed directly with the member’s Prescription Drug Plan provider

Important Notes

- Participation in M3P is voluntary
- M3P does not lower total drug costs — it helps with monthly budgeting and cash-flow
- Members may opt out at any time by contacting their plan

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Do You Qualify for Help?

MEDICARE SAVINGS PROGRAM

Minimum Federal Eligibility Requirements for Medicare Savings Programs in 2026

If you have limited income and resources, you can get help from your state paying some or all of your Medicare premiums, deductibles, and coinsurance. Some states don't count certain types or specific amounts of income or resources when deciding who qualifies, so **you may still qualify for these programs in your state even if your income or resources are higher than the federal limits listed below**.

Medicare Savings Program	Individual Monthly Income Limits	Married Couple Monthly Income Limits	Helps Pay Your
Qualified Medicare Beneficiary (QMB) Program	$1,350	$1,824	Part A Premiums Part B Premiums Deductible, coinsurance, and copayments
Specified Low-Income Medicare Beneficiary (SLMB) Program	$1,616	$2,184	Part B premiums only
Qualifying Individual (QI) Program	$1,816	$2,455	Part B premiums only
Qualified Disabled & Working Individuals (QDWI) Program*	$5,405	$7,299	Part A premiums only

(Estimated federal minimums – monthly countable income)

General Income Exclusion: All MSPs apply a $20 monthly general income exclusion when determining eligibility.

Resource Limits (Estimated Federal Minimums):
- QMB, SLMB, QI: Approximately $9,900–$10,000 (individual) | $14,900–$15,000 (married couple)
- QDWI: $4,000 (individual) | $6,000 (married couple)

Extra Help (LIS): Individuals approved for QMB, SLMB, or QI automatically qualify for Extra Help, which helps pay Medicare Part D prescription drug costs.

State Flexibility:
- Income limits are higher in Alaska and Hawaii
- States may apply less restrictive income or resource rules, especially for aged, blind, or disabled applicants
- States cannot impose stricter eligibility limits than the federal minimum

Program Administration: Medicare Savings Programs are administered by state Medicaid agencies. Applicants should verify exact income limits, resource limits, and application procedures with their state program.

Medicaid Programs by State

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Do You Qualify for Extra Help for Part D?

Annual Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Copay/Coinsurance Plan's Formulary Drugs
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services			
No income limit applied	No income limit applied	No asset test	$0 copays for all covered drugs
Full-Benefit Duals: income < 100% FPL			
≤ ~$15,060 individual ≤ ~$20,440 married*	≤ ~$1,255 individual ≤ ~$1,703 married*	No asset test	*Very low copays (estimated ~$1–$5 per prescription)*
Full-Benefit Duals: income > 100% FPL			
> ~$15,060 but still Medicaid eligible	> ~$1,255 but still Medicaid eligible	No asset test	*Higher LIS copays (estimated ~$5–$12 per prescription)*
Non-duals: income < 135% FPL			
≤ ~$23,475 individual ≤ ~$31,725 married*	≤ ~$1,956 individual ≤ ~$2,644 married*	≤ ~$18,000 individual ≤ ~$36,000 married*	*Reduced copays (estimated ~$5–$12 per prescription)*
Non duals with income between 135-150% FPL			
~ $23,476–$26,100 individual ~ $31,726–$35,300 married*	~ $1,957–$2,175 individual ~ $2,645–$2,942 married*	≤ ~$18,000 individual ≤ ~$36,000 married*	*15% coinsurance until catastrophic phase, then $0*

*Income and asset limits are federal minimum estimates; states may apply higher limits and SSA applies allowable income disregards.

Apply Here

Note: When total out-of-pocket drug costs reach $2,000, beneficiary pays $0 for the rest of the year.

* Income amounts reflect threshold without/with the $20 monthly income disregard (annually = $240); income is rounded to the nearest whole dollar.

** Asset limits include amount without/with $1,500/person burial allowance.

Income Levels Source: Federal Register (HHS 2025 Poverty Guidelines): https://aspe.hhs.gov/poverty-guidelines
Asset/Resource Levels: https://www.cms.gov/files/document/lis-memo.pdf
Part D Cost-Sharing Source: CMS National Training Program – 2026 Standard Drug Costs (Extra Help copays): https://www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles

Updated November 2025

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MEDICARE PART D APPLICATION QR CODE

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ADDITIONAL RESOURCES

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[MEDICARE'S COORDINATION OF BENEFITS]

Scan the QR code to access the CMS manual for deciding Who pays first

SCAN HERE

[CMS L564 – Request for Employment Information (Part B SEP)]

Scan the QR code to access Medicare Part B Special Enrollment form.

SCAN HERE

[Medicare IRMAA Life Change Event form]

Scan the QR code to access Medicare IRMAA Life Change event

SCAN HERE

MEDICARE EASY PAY

Easily set up automatic monthly payments for your Medicare premiums through Medicare Easy Pay.
Just click the link below to learn how to enroll and manage your payment options directly through Medicare.gov.