

## 2026 Basic Medicare Costs (Without Medigap or Secondary Coverage)

Part A	Beneficiary Cost
<b>Benefit Period Deductible</b> covering the first 60 days of Medicare-covered inpatient hospital care in a benefit period	<b>\$1,736.00</b>
<b>Daily coinsurance</b> for the <b>61<sup>st</sup> through 90<sup>th</sup></b> day of inpatient hospital care in a benefit period	<b>\$434.00</b> a day
<b>Daily coinsurance</b> for the <b>91<sup>st</sup> through 150<sup>th</sup></b> (lifetime reserve) days of inpatient hospital care in a benefit period	<b>\$868.00</b> a day
<b>Daily coinsurance</b> for <b>beyond the 150<sup>th</sup></b> day of inpatient hospital care in a benefit period	<b>All Costs</b>
<b>Skilled Nursing Facility (SNF) daily coinsurance</b> for days <b>1 through 20</b> in a benefit period	<b>Nothing</b>
<b>Skilled Nursing Facility (SNF) daily coinsurance</b> for days <b>21 through 100</b> in a benefit period	<b>\$217.00</b> a day
<b>Part A Monthly Premium</b> for beneficiaries with <b>40 quarters</b> of coverage	<b>\$0.00</b>
<b>Part A Monthly Premium</b> for beneficiaries with <b>30-39 quarters</b> of coverage	<b>\$311.00</b>
<b>Part A Monthly Premium</b> for beneficiaries with <b>less than 30 quarters</b> of coverage	<b>\$565.00</b>

Part B	Beneficiary Cost
<b>Part B Monthly Premium</b>	<b>\$202.90</b>
<b>Annual Deductible</b>	<b>\$283.00</b>
<b>Part B Copays or Coinsurance</b>	<b>Normally 20%</b>
<b>Part B Monthly Premium for 36-month post kidney transplant immunosuppressive drug eligibility</b>	<b>\$121.60</b>



**SHIP**  
1-800-252-8966;  
711(TRS)



Reference: <https://www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles>