

2026 Original Medicare (Part A) Inpatient Hospital Insurance

(Without Medigap or Secondary coverage)

Service	Benefit	Medicare Pays	Beneficiary Pays (Per Benefit Period)
Inpatient Hospitalization Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies <i>(You begin a new Part A benefit period after you have been home for 60 consecutive days.)</i>	First 60 days	All but \$1,736.00	\$1,736.00
	61st to 90th day	All but \$434.00 a day	\$434.00 a day
	Lifetime Reserve Days		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$868.00 a day	\$868.00 a day
	Beyond 150 days	Nothing	All Costs
Skilled Nursing Facility Care (SNF)* (Custodial care not covered)	First 20 days	Full cost of services	Nothing
	21st day through 100th day	All but \$217.00 a day	\$217.00 a day
	Beyond 100 days	Nothing	All costs
Home Health Care (After a prior inpatient hospital stay; up to 100 visits)	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Hospice Care Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 for each outpatient prescription drug and 5% of Medicare-approved amount for respite care

*Beneficiary must be hospitalized under Part A inpatient hospital coverage for at least **three consecutive days** for the same illness prior to admission to the Medicare-approved SNF.



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



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