



Medicare & You 2026

The official U.S. government Medicare handbook



Medicare

Excerpted from “Medicare & You 2026,” the official U.S. government Medicare handbook (CMS Product No. 10050). Full handbook: [Medicare.gov/publications](https://www.medicare.gov/publications).

What's new & important?

Check out what's new in Medicare in 2026 and important information to help you manage your health and wellness.



Capping what you pay for prescription drugs

If you have Medicare drug coverage (Part D), your yearly out-of-pocket Part D drugs will be capped at \$2,100 in 2026. Once you reach this cap, you won't have to pay a copayment or coinsurance for covered Part D drugs for the rest of the calendar year (page 83).

More drug cost savings for you

Learn how Medicare prescription drug prices are changing in 2026 (page 81).

Meeting your health care needs

Medicare now pays for Advanced Primary Care Management services each month where your doctor or other health care provider coordinates and tailors care to your needs. Providers that offer these services must give you 24/7 access to your care team or provider and more (page 31).

Early detection matters

Medicare covers a wide range of colorectal cancer screenings, including computed tomography (CT) colonography. Getting screened is an important part of cancer prevention and early detection (page 36).

Help Medicare fight fraud and cut waste

Protect yourself from fraud and medical identity theft by checking your Medicare Summary Notices (MSNs), and your receipts and statements, for errors or services you didn't get. If you think your Medicare Number has been used fraudulently, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048 (pages 105-106).

Go digital with Medicare

You can get Medicare resources at your fingertips! Start by logging into (or creating) your secure [Medicare.gov](https://www.medicare.gov) account. There, you can manage your prescriptions, get your Medicare Summary Notices (MSNs) electronically, switch to the electronic version of this handbook, and more. You can also sign up for emails on the latest Medicare news. There's never been a better time to switch from paper to digital.

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

Go to pages 25–29.



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)

Go to pages 30–55.



Part D – Drug Coverage

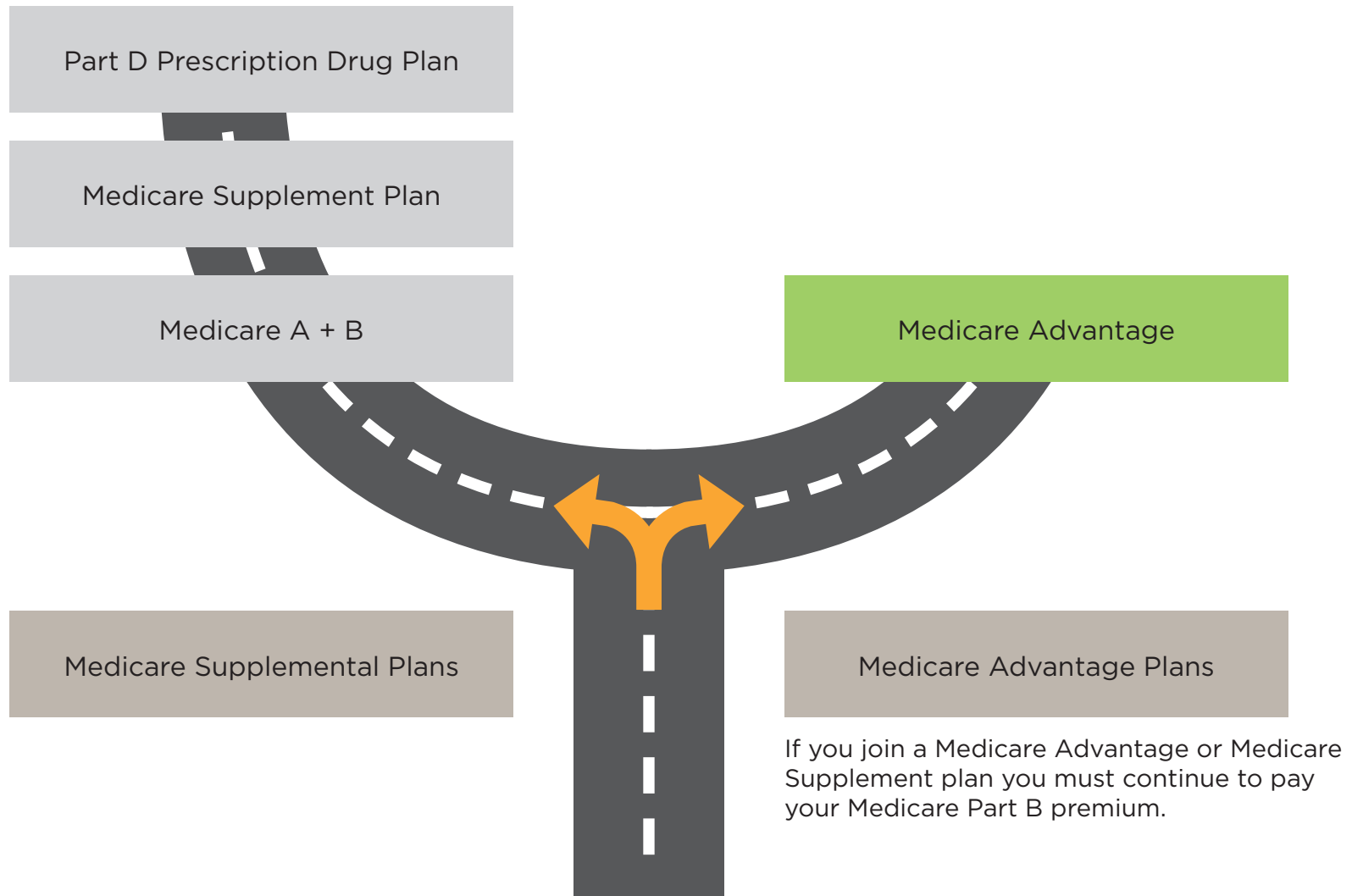
Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

Go to pages 79–90.

Note: Go to pages 119–122 for definitions of **blue** words.

Two Different Paths for Medicare Coverage



Section 4:

Medicare Advantage Plans & other options

What are Medicare Advantage Plans?

A **Medicare Advantage Plan** is another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans are Medicare-approved plans offered by private companies and must follow rules set by Medicare. These plans, also called “Part C” or “MA Plans,” may sometimes have names that don’t include the words “Medicare” or “Medicare Advantage.”

Most Medicare Advantage Plans include Medicare drug coverage (Part D). In many cases, you’ll need to use health care providers who participate in the plan’s network. These plans set a limit on what you’ll have to pay out of pocket each year for services covered under Part A and Part B. Some plans offer non-emergency coverage out of network, but it may be at a higher cost. For certain services or drugs, you may need to get approval (also called prior authorization), from your plan before it covers them. In some cases, you may also need to get a **referral** to use a specialist.

Remember, you must use the card from your Medicare Advantage Plan to get your Medicare-covered services. Keep your red, white, and blue Medicare card in a safe place because you might need it later.

If you join a Medicare Advantage Plan, you’ll still have Medicare but you’ll get most of your Part A and Part B coverage from your plan, not **Original Medicare**.

What are the different types of Medicare Advantage Plans?

- **Health Maintenance Organization (HMO) Plan:** Go to page 66.
- **Medical Savings Account (MSA) Plan:** Go to page 67.
- **Preferred Provider Organization (PPO) Plan:** Go to page 68.
- **Private Fee-for-Service (PFFS) Plan:** Go to page 69.
- **Special Needs Plan (SNP):** Go to page 70.

Note: Go to pages 119–122 for definitions of **blue** words.

Section 5:

Medicare Supplement Insurance (Medigap)

How does Medigap work?

Original Medicare doesn't pay all of the cost for covered health care services and supplies. Medicare Supplement Insurance (**Medigap**) policies sold by private insurance companies can help pay some of the remaining health care costs for covered services and supplies, like **copayments**, **coinsurance**, and **deductibles**.

Some Medigap policies also cover services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. Generally, Medigap doesn't cover long-term care (like care in a nursing home), vision or dental services, hearing aids, eyeglasses, or private-duty nursing.

Medigap policies are standardized

Medigap must follow federal and state laws designed to protect you, and they must be clearly identified as "Medicare Supplement Insurance." Insurance companies can sell you only "standardized" plans, which are named in most states by letters A–D, F, G, and K–N. All plans with the same letter offer the same basic benefits, no matter where you live or which insurance company you buy the policy from. Some offer additional benefits. Compare the benefits of each lettered plan to find one that meets your needs. In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. Get information and find Medigap policies in your area:



[Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans)

You can also visit [Medicare.gov/publications](https://www.medicare.gov/publications) to review the booklet, "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Important! Medigap plans sold to people who are new to Medicare on or after January 1, 2020 aren't allowed to cover the Part B deductible. Because of this, Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020, but haven't yet enrolled, you may be able to buy Plan C or Plan F. While people new to Medicare on or after January 1, 2020 can't buy Plans C and F, they may be able to buy Plans D and G (instead of Plans C and F) that provide the same benefits except for covering the Part B deductible.

Note: Go to pages 119–122 for definitions of **blue** words.

How do I compare Medigap plans?

Medigap helps cover your Medicare Part A and Part B out-of-pocket costs (like **copayments**, **coinsurance**, and **deductibles**) for covered Medicare services. Use the chart below to find out what each Medigap plan pays (by percentage) in 2026. If a box is empty, it means that service isn't covered by that Medigap plan and you're responsible for paying the cost.

Medigap plans may cover:	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Medicare Part B deductible			100%		100%		100%**	100%**		
Medicare Part B excess charges					100%	100%				
Foreign travel emergency care (up to plan limits)			80%	80%	80%	80%			80%	80%

* Plans F and G offer a high-deductible plan in some states. You must pay up to \$2,950 in 2026 for Medicare-covered costs (coinsurance, copayments, and deductibles) before your policy starts to pay.

Note: You can't buy Medigap Plans C or F if you became eligible for Medicare on or after January 1, 2020 (page 79).

** Plans K and L pay 100% of covered services for the rest of the calendar year after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$283 in 2026). The out-of-pocket limit for Plan K is \$8,000 and Plan L is \$4,000 in 2026.

*** Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to \$50 for emergency room visits when you aren't admitted as an inpatient.

Visit [Medicare.gov](https://www.medicare.gov) for the latest amounts.

Section 6:

Medicare drug coverage (Part D)

How does Medicare drug coverage work?

Medicare drug coverage (Part D) helps pay for your prescription drugs. It's optional and offered to everyone with Medicare. Even if you don't take prescription drugs now, consider getting Medicare drug coverage. If you decide not to get it when you're first eligible, and you don't have other **creditable prescription drug coverage** (like drug coverage from an employer or union) or get **Extra Help**, **you'll likely pay a late enrollment penalty that's added to your monthly premium if you join a plan later.** Generally, you'll pay this penalty for as long as you have Medicare drug coverage (pages 83–85). To get Medicare drug coverage, you must join a Medicare-approved plan that offers drug coverage. Each plan can vary in cost and specific drugs covered. Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to find and compare plans in your area. You can also call your State Health Insurance Assistance Program (SHIP) for help comparing plans. Go to pages 114–117 for the phone number of your local SHIP, or visit shiphelp.org.

There are 2 ways to get Medicare drug coverage (Part D):

1. **Medicare drug plans.** These plans add Medicare drug coverage (Part D) to **Original Medicare**, some Medicare Cost Plans, some Medicare Advantage Private Fee-for-Service Plans, and Medical Savings Account (MSA) Plans. You must have Part A and/or Part B to join a separate Medicare drug plan.
2. **Medicare Advantage Plans or other Medicare health plans with drug coverage.** You get your Part A, Part B, and Medicare drug coverage (Part D) through these plans. Remember, you must have Part A and Part B to join a Medicare Advantage Plan, and not all Medicare Advantage Plans offer drug coverage.

In either case, you must live in the **service area** of the plan you want to join and be lawfully present in the U.S.

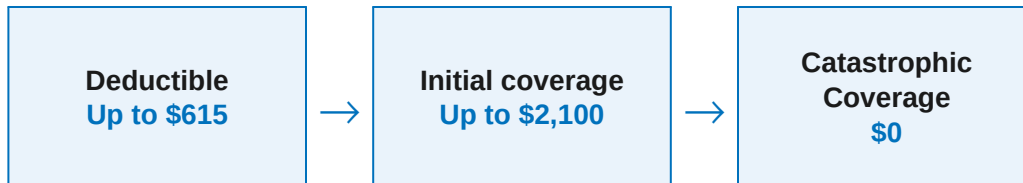
Medicare drug plans and Medicare health plans with drug coverage are called “Medicare drug coverage” in this handbook.

Note: Go to pages 119–122 for definitions of **blue** words.

Medicare Part D phases

Understanding Drug Coverage Stages

If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage.



Note: On January 1, all amounts reset for the new plan year.

Prescription Drug Plan

Private insurance plans that offer drug coverage. You'll need to enroll in a plan like this (or a Medicare Advantage Plan with drug coverage) to have Part D drug coverage.

After reaching the initial coverage stage, you'll pay your coinsurance until you meet the catastrophic stage. Once you reach the catastrophic stage, you'll pay \$0 for the remainder of the year. Amounts reset at the end of the year, and you'll start over on January 1st regardless of when you enrolled.

Things that won't apply to your deductible or catastrophic limit

- **Over-the-counter meds**
- **Medications run through a discount program** instead of insurance
- **Premiums**
- **Plan Paid Amounts** — the portion of your medication costs covered directly by your insurance plan
- **Foreign Purchases** — medications bought outside the United States and its territories
- **Third-Party Assistance** — payments made toward your drugs by employer/union health plans, the VA, TRICARE, or certain assistance programs that aren't designated as official TrOOP-eligible sources
- **Medicare Part B Drugs** — out-of-pocket costs for drugs administered by a doctor or in a clinical setting under Part B (like certain injectables or infused cancer therapies)

Section 7:

Get help paying your health & drug costs

Medicare Savings Programs (MSPs)

If you have limited income and resources, you may be able to get help from your state to pay some of your Medicare costs if you meet certain conditions.

There are 4 kinds of Medicare Savings Programs:

1. **Qualified Medicare Beneficiary (QMB):** The QMB program covers Part A [premiums](#) (if you don't have premium-free Part A) and Part B premiums. In addition, Medicare providers aren't allowed to bill you for services and items Medicare covers, including [deductibles](#), [coinsurance](#), and [copayments](#). If you get a bill for these charges, tell your provider or the debt collector that you're in the QMB program and can't be charged for Medicare deductibles, coinsurance, and copayments. If you've already made payments on a bill for services and items Medicare covers, you have the right to a refund. If you're in a [Medicare Advantage Plan](#), you should also contact the plan to ask them to stop the charges.

To make sure your provider knows you're in the QMB program, show both your Medicare and [Medicaid](#) or QMB card each time you get care. If you have [Original Medicare](#), you can also give your provider a copy of your "Medicare Summary Notice" (MSN). Your MSN will show you're in the QMB program and shouldn't be billed. Log into (or create) your secure Medicare account at [Medicare.gov](#) to sign up to get your MSNs electronically.

If your provider won't stop billing you, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. We can also confirm that you're in the QMB program.

2. **Specified Low-Income Medicare Beneficiary (SLMB):** Covers Part B premium only.
3. **Qualifying Individual (QI):** Covers Part B premium only. QI is only available for people who don't qualify for any other Medicaid coverage or benefits.
4. **Qualified Disabled and Working Individuals (QDWI):** Covers Part A premium only. You may qualify for this program if you have a disability, you're working, and you lost your Social Security disability benefits and premium-free Part A because you returned to work.

If you sign up for the immunosuppressive drug benefit (page 52) and have limited income and resources, but don't have full Medicaid coverage, you may qualify for help paying the costs through a QMB, SLMB, or QI program. Contact your State Medical Assistance (Medicaid) office to apply.

Note: Go to pages 119–122 for definitions of [blue](#) words.

Health Insurance Marketplace®

Even if you have Marketplace coverage (or other individual health coverage that isn’t based on current employment), you should sign up for Medicare when you’re first eligible to avoid the risk of a delay in Medicare coverage and the possibility of a Medicare late enrollment penalty.

If you have Marketplace coverage:

- You should end your Marketplace coverage in a timely manner when you become eligible for Medicare to avoid an overlap in coverage.
- Once you’re considered eligible for premium-free Part A, or already have Part A with a premium, you won’t qualify for help from the Marketplace to pay your Marketplace plan premiums or other medical costs. If you continue to get help paying for your Marketplace plan premiums, you may have to pay back some or all of the help you got when you file your federal income taxes.

To find out how to end your Marketplace plan or Marketplace savings when your Medicare coverage begins, visit [HealthCare.gov/medicare/changing-from-marketplace-to-medicare](https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare). You can also call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Savings Account (HSA)

You aren’t eligible to make contributions to an HSA after you have Medicare. Consider making your last HSA contribution the month before your Part A coverage begins—this may help you avoid a tax penalty. Premium-free Part A coverage will go back (retroactively) 6 months from when you sign up for Part A or apply for benefits from Social Security or the Railroad Retirement Board (RRB), but no earlier than the first month you’re eligible for Medicare. Depending on how you become eligible for Part A, the retroactive period may be different. Review the chart below to help decide when it’s best to stop your HSA contributions.

If you sign up for Medicare:	During your Initial Enrollment Period	You can avoid a tax penalty by making your last HSA contribution the month before you turn 65.
	2 months after your Initial Enrollment Period ends	
	And your birthday is on the 1st day of the month	Generally, your Medicare coverage starts the first day of the month before you turn 65. You can avoid a tax penalty by making your last HSA contribution 2 months before you turn 65.
If you wait to sign up for Medicare:	Less than 6 months after you turn 65	You can avoid a tax penalty by stopping HSA contributions the month before you turn 65.
	6 or more months after you turn 65	You can avoid a tax penalty by stopping HSA contributions 6 months before the month you apply for Medicare.

Note: A Medical Savings Account (MSA) Plan is similar to an HSA (page 67).

Get started with Medicare

Make sure you:

- **Understand your Medicare coverage options.** There are 2 main ways to get your Medicare coverage—[Original Medicare](#) (Part A and Part B) and Medicare Advantage (Part C). Go to pages 10–12 to learn more and compare.
- **Find out how and when you can sign up.** If you don't have Medicare Part A or Part B, go to page 15. If you don't have Medicare drug coverage (Part D), go to page 79.
- **Know how Medicare works with other insurance if you have it.** Go to pages 19–22 to learn more.
- **Review your Medicare health and drug coverage each year.** Make sure it still meets your needs, and decide if you want to make a change. You don't need to sign up for Medicare each year, but you should still review your options.



Mark your calendar with these key dates!

October 1, 2025	Start comparing your current Medicare health or drug coverage with options for 2026. You may be able to save money or get extra benefits.  Medicare.gov/plan-compare
October 15 to December 7, 2025	Change your Medicare health or drug coverage for 2026, if you decide to. You can join, switch or drop a Medicare Advantage Plan or Medicare drug plan, or switch to Original Medicare during this Open Enrollment Period each year.
January 1, 2026	New coverage begins if you made a change. If you kept your existing coverage and your plan's costs or benefits changed, those changes also start on this date. (Contact your plan if these changes aren't in your account after 10 days.)
January 1 to March 31, 2026	If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first day of the month after the plan gets your request (page 63). During this period, you can't switch from Original Medicare to a Medicare Advantage Plan, join a Medicare drug plan if you're in Original Medicare, or switch from one Medicare drug plan to another if you're in Original Medicare.

Important! You may pay more if you don't sign up for Medicare when you're first eligible. Go to pages 22–23 (Part A and Part B) and page 83 (Part D) for more on late enrollment penalties.

Two Different Paths for Medicare Coverage

