

# The Alphabet Soup of Medicare



**Must enroll in Both**



**Original  
Medicare**

*Enroll through Social  
Security Administration*



**Then choose**



**Medicare  
Advantage**

**OR**

**Medicare Supplement  
Insurance**

*Enroll through HTA*



**Prescription  
Drug Plan**

*Enroll through HTA*

**Must pay Medicare Part B  
premiums regardless of if you  
choose Medicare Advantage or  
Supplement.**

# Medicare Part A

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**Hospital Admission = Inpatient**

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Helps Cover:

- **Inpatient care** in hospitals
- Skilled nursing facility care (limited)
- Hospice
- Home health services (limited)

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**No cost**

(provided you or your spouse have worked a minimum of 40 quarters)

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# Medicare Part B

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**Medical = Outpatient**

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Helps Cover:

- **Doctors & Specialists**
- Diagnostic Testing-Lab, Xray, MRI, CT
- Outpatient-Surgery, Chemo, Radiation
- Non-Inpatient Hospital-ER & Observation
- Durable Medical Equipment

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**Standard Premium 2026 = \$206.50**

(premiums are based on income)

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# Medicare Part B – 2026

| Monthly/Person<br><br>Same for each<br>Spouse<br><br>Based on MAGI<br><br>Tax Return<br>from 2 years ago | Single                | Joint                 | Married<br>Filed Separately | Part B   |
|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------|----------|
|                                                                                                          | Up to \$109,000       | Up to \$218,000       | Up to \$109,000             | \$206.50 |
|                                                                                                          | \$109,001 - \$137,000 | \$218,001 - \$274,000 | NA                          | \$289.10 |
|                                                                                                          | \$137,001 - \$171,000 | \$274,001 - \$342,000 | NA                          | \$413.00 |
|                                                                                                          | \$171,001 - \$205,000 | \$342,001 - \$410,000 | NA                          | \$536.90 |
|                                                                                                          | \$205,001 - \$500,000 | \$410,001 - \$750,000 | \$109,001 - \$394,000       | \$660.80 |
|                                                                                                          | \$500,001 +           | \$750,001 +           | \$394,001 +                 | \$702.10 |

# Medicare Out of Pocket Expenses

|                                                                                                         |                                             |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Part A Deductible</b><br><i>Per benefit period-similar to per admittance</i>                         | <b>\$1,716</b>                              |
| <b>Part A Hospital Copay</b><br>Days 61-90 (per day)<br>Days 91+ (60 Reserve Days)<br>365 Lifetime Days | <b>\$429</b><br><b>\$858</b><br><b>100%</b> |
| <b>Skilled Nursing Facility Copay</b><br>Days 0-20 (per day)<br>Days 21-100 (per day)                   | <b>\$0</b><br><b>\$209.50</b>               |
| <b>Part B Deductible</b><br><i>Per calendar year</i>                                                    | <b>\$288</b>                                |
| <b>Part B Coinsurance</b><br><i>No Cap on Out of Pocket Risk</i>                                        | <b>20%</b>                                  |
| <b>Part B Excess Charges</b><br><i>No Cap on Out of Pocket Risk</i>                                     | <b>15%</b>                                  |
| <b>Out of Pocket Maximum</b>                                                                            | <b>no cap</b>                               |
| <b>Foreign travel emergency</b><br><i>Plan pays up to \$50,000</i>                                      | <b>100%</b>                                 |

## What is not Covered by Medicare?

- Dental
- Vision
- Hearing Aids & Fittings
- Long Term Care (Personal Needs)
- Routine Foot Care
- Cosmetic Surgery

\*Acupuncture is now covered by Medicare  
but only for chronic back pain  
-- limits apply.

Insurance Available

