

Medicare Minute Script – January 2026

What’s New in 2026?

Your Medicare coverage and costs can change each year, so it’s important to understand and review your benefits. Here’s an overview of what’s new in 2026.

Point 1: Know your Medicare costs in 2026.

- Medicare Part A covers inpatient hospital services, skilled nursing facility services, home health care, and hospice. Most people don’t owe a premium for Part A because of their or their spouse’s work history. If you’re admitted to the hospital as an inpatient, you’ll owe a deductible of around \$1,700 at the beginning of your stay. If you have multiple stays, you may owe the deductible more than once. After you meet your deductible, your first 60 days in the hospital and your first 20 days in a skilled nursing facility cost you \$0 per day. After that, you owe an out-of-pocket cost each day for your continued stay.
- Medicare Part B covers outpatient costs, such as doctor visits and lab tests. In 2026, the standard Part B premium is \$202.90. You may pay a higher premium if you have a higher income. Keep in mind that if you have a Medicare Advantage plan, you may also pay an additional monthly premium for being enrolled in that plan. If you have Original Medicare, you’ll owe a Part B deductible of \$283 in 2026. You’ll continue to owe 20% coinsurance for most services covered by Part B.
- Medicare Part D covers outpatient prescription drugs. Each year, Part D plans can change the drugs they cover, pharmacy networks, and costs. This year your annual out-of-pocket Part D costs are capped at \$2,100. After you reach this cap, you owe nothing for covered drugs for the rest of the year.

Point 2: Understand extended telehealth flexibilities.

Before the COVID-19 Public Health Emergency, or PHE, Medicare telehealth coverage was very limited. For example, before the PHE, telehealth services were generally only covered in rural areas. Plus, telehealth coverage was limited to certain providers, such as physicians and nurse practitioners. During the PHE, telehealth coverage was temporarily expanded to include more flexibilities and allow more people to receive care from their homes. These flexibilities have recently been extended through December 31, 2027. Through December 31, 2027, telehealth services are covered for all beneficiaries in any geographic area, sometimes delivered using audio only, and provided by any health care professional that was eligible to bill Medicare. After December 31, 2027, most telehealth services will again be more limited unless Congress acts. For now, only some of the broader telehealth coverage has been made permanent.

Point 3: Know your opportunities to change your coverage in 2026.

Many people have to wait until Fall Open Enrollment to change their coverage if they aren’t happy with it. You may have the opportunity to change your coverage earlier in 2026, though, depending on your circumstances. If you have a Medicare Advantage plan, you can use the Medicare Advantage Open Enrollment Period to switch to another Medicare Advantage plan, or to Original Medicare with or without a prescription drug plan. This enrollment period is each year from January 1 through March 31. You may also be able to change your coverage if you qualify for a Special Enrollment Period, or SEP. There are several situations when you might qualify for an SEP. For example, if you have Medicaid, a Medicare Savings Program, or Extra Help, you have a once-per-month SEP to enroll in a stand-alone Part D plan or switch between them. You may also qualify for

an SEP if your plan is terminated. This year, there is also a new, temporary SEP. You can use it to change your Medicare Advantage plan if you enrolled in that plan through Medicare Plan Finder and used the tool’s provider directory information to make the choice. If you realize within three months of the plan’s effective date that your preferred provider is not in the plan’s network, you can use this new SEP.

Point 4: Beware of “new” Medicare card schemes.

New Medicare cards were sent to people on Medicare in 2018. These new cards removed Social Security numbers to better protect people with Medicare. While the rollout of new Medicare cards ended years ago, scams about Medicare cards continue. You will not be getting an updated Medicare card this year, but scammers may try to convince you otherwise. For example, scammers may falsely tell you that Medicare is again issuing new cards—perhaps a plastic, or chipped card. The scammers may tell you that you must verify your identity for them to send your new Medicare card. This is an attempt to gain personal or financial information. Beware of unsolicited calls, such as anyone claiming to be from Medicare, needing you to verify your identity, or sending you an updated Medicare card.

Take Action:

1. Review and understand your Medicare health costs. If you have Original Medicare, review your *Medicare & You 2026* handbook or call 1-800-MEDICARE (1-800-633-4227) to request one be sent to you. If you have a Medicare Advantage plan or Part D plan, call your plan to learn more about your costs and coverage.
2. Call your State Health Insurance Assistance Program (SHIP) for one-on-one counseling around your Medicare coverage decisions or cost assistance programs.
3. If you’re unhappy with your coverage for 2026, find out if you can make changes during the MA OEP or an SEP. Call 1-800-MEDICARE (633-4227) for more information and to make changes.
4. Contact your local Senior Medicare Patrol (SMP) if you have experienced potential Medicare fraud, errors, or abuse.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free: 800-247-4422 SHIP email: idahoshiba@doi.idaho.gov SHIP website: shiba.idaho.gov</p> <p>To find a SHIP in another state: Call 877-839-2675 and say “Medicare” when prompted or visit www.shiphelp.org.</p>	<p>SMP toll-free: 800-247-4422 SMP email: idahoshiba@doi.idaho.gov SMP website: Medicare Fraud Prevention - Idaho Commission on Aging</p> <p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>

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