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# Medicare Premiums Just Went Up. Here's Exactly What Changed in 2026 – and What It Costs You

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## KEY POINTS

- **Medicare Part B premiums increased by 9.7%** in 2026, rising from \$185.00 to \$202.90 per month – and for most beneficiaries, that increase shows up directly as a smaller Social Security check.
- **Part D average standalone premiums dropped** to \$34.50/month, and the out-of-pocket drug cap rose slightly to \$2,100, giving patients who take high-cost medications a clear annual spending ceiling.
- **Most beneficiaries pay no Part A premium**, but the hospital deductible climbed to \$1,736 per benefit period – not per year – which is a distinction that trips people up constantly.
- **Medicare Advantage average premiums declined** to \$11.50/month, but some insurers exited markets or cut service areas for 2026, so every beneficiary should review their Annual Notice of Change (ANOC).

Every fall, the Centers for Medicare & Medicaid Services (CMS) announces updated premiums, deductibles, and cost-sharing figures for the coming year. And every fall, millions of people on Medicare try to figure out what those numbers actually mean for their wallets. If you've been following the news about Medicare premiums 2025 changing for 2026 – yes, the system adjusted your costs again, and some of the shifts are significant.

This article breaks down exactly what changed between 2025 and 2026 for Medicare Parts A, B, D, and Medicare Advantage (Part C). You'll find the official figures side by side, plain-language explanations of what each number means, and a clear picture of how the changes add up. CMS sets these numbers based on projected healthcare spending – and those projections don't always move in your favor. The healthcare system makes this harder to parse than it needs to be. A Solace advocate – a nurse, social worker, or clinical researcher who knows Medicare inside and out – can walk through how these changes apply to your specific plan, your situation, and your budget. You don't have to sort through any of this alone.

[See if you're covered](#), it takes just a minute.

## What Changed – and What Didn't

For 2026, the Medicare picture is mixed. Part B – the piece most beneficiaries feel directly, since it's typically deducted from your Social Security check – went up by 9.7%, a notable jump. Part A costs rose more modestly, about 3.6%. Part D standalone premiums actually dropped, and Medicare Advantage premiums came down slightly too.

Here's the full side-by-side comparison, verified against CMS data:

### Medicare costs: 2025 vs. 2026

Cost	2025	2026	Change
<b>PART B – OUTPATIENT &amp; PHYSICIAN</b>			
Standard monthly premium	\$185.00/mo	\$202.90/mo	+\$17.90 (9.7%)
Annual deductible	\$257/yr	\$283/yr	+\$26
IRMAA threshold – individual	\$106,000	\$109,000	+\$3,000
IRMAA threshold – joint filing	\$212,000	\$218,000	+\$6,000
<b>PART A – HOSPITAL &amp; INPATIENT</b>			
Inpatient hospital deductible (per benefit period)	\$1,676	\$1,736	+\$60

Coinsurance — days 61–90	\$419/day	\$434/day	+\$15
Lifetime reserve days	\$838/day	\$868/day	+\$30
SNF coinsurance — days 21–100	\$209.50/day	\$217.00/day	+\$7.50
Premium — 30–39 quarters	\$285/mo	\$311/mo	+\$26
Premium — fewer than 30 quarters	\$518/mo	\$565/mo	+\$47
PART D — PRESCRIPTION DRUGS			
Max annual deductible	\$590	\$615	+\$25
Out-of-pocket cap	\$2,000	\$2,100	+\$100
Avg standalone premium	\$38.31/mo	\$34.50/mo	-\$3.81
MEDICARE ADVANTAGE — PART C			
Avg MA-PD premium	\$13.32/mo	\$11.50/mo	-\$1.82
Max out-of-pocket (in-network)	\$9,350	\$9,250	-\$100

Source: Centers for Medicare & Medicaid Services, November 2025. The Part A deductible resets per benefit period, not per calendar year.

For most beneficiaries, Part B is the change that lands hardest and fastest — it shows up on your Social Security statement starting in January.

## Medicare Part B: Premiums and Deductibles

Medicare Part B covers outpatient care: doctor's appointments, lab tests, preventive screenings, outpatient hospital services, and certain durable medical equipment (DME).

### Standard Monthly Premium

The standard Part B monthly premium is **\$202.90** in 2026, up from \$185.00 in 2025. This \$17.90 increase is deducted automatically from Social Security benefits for most beneficiaries.

It's worth knowing: that increase could have been even larger. CMS noted that the Part B premium would have been approximately \$11 higher per month had CMS not taken action to address extraordinary spending on skin substitutes. Changes finalized in the 2026 Physician Fee Schedule Final Rule are expected to reduce skin substitute spending by 90% without affecting patient care — a policy win that directly benefited beneficiaries this year.

**Your 2026 Part B premium is based on your 2024 tax return.** If your income was unusually high in 2024 due to a one-time event, you may be paying a higher-than-expected amount. You can request a reconsideration from the Social Security Administration (SSA) if your income has since decreased.

### Annual Deductible

The Part B annual deductible is **\$283** in 2026, up \$26 from \$257 in 2025. You pay this amount out of pocket before Part B begins covering 80% of approved outpatient services. After the deductible, you're responsible for the remaining 20% coinsurance unless you have supplemental coverage. For more on how this works, see our [Medicare deductible explained](#) guide.

### IRMAA Surcharges for Higher-Income Beneficiaries

IRMAA — the **Income-Related Monthly Adjustment Amount** — is a surcharge added to Part B (and Part D) premiums for beneficiaries above certain income thresholds. In 2026, IRMAA kicks in for individuals whose modified adjusted gross income (MAGI) exceeds **\$109,000** (up from \$106,000 in 2025), or **\$218,000** for married couples filing jointly (up from \$212,000). At the lower threshold, your total Part B premium is \$284.10/month; at the highest income bracket, it reaches \$689.90/month. About 8% of Medicare beneficiaries pay an IRMAA surcharge. CMS uses your 2024 tax return to set 2026 IRMAA amounts — so a significant income drop since then may be grounds for an appeal.

## Medicare Part A: Premiums and Deductibles

Medicare Part A covers inpatient hospital stays, skilled nursing facility (SNF) care, some home health services, and hospice. For most beneficiaries, Part A has no monthly premium — but its deductibles and coinsurance can add up quickly.

### Inpatient Hospital Deductible

The Part A hospital deductible in 2026 is **\$1,736 per benefit period**, up \$60 from \$1,676

in 2025. This covers your share of costs for the first 60 days of a covered inpatient hospital stay.

The key word is "benefit period" — not "calendar year." A benefit period starts when you're admitted as an inpatient and ends after you've been out of the hospital (or SNF) for 60 consecutive days. If you're hospitalized again after that gap, a new benefit period — and a new \$1,736 deductible — begins. A patient hospitalized twice in one year with a 60-day gap in between could face this deductible twice.

#### Coinsurance and Skilled Nursing Facility Costs

After your first 60 days in the hospital, coinsurance starts:

- **Days 61–90:** \$434 per day (up from \$419 in 2025)
- **Lifetime reserve days (days 91+):** \$868 per day (up from \$838); each person has 60 lifetime reserve days total
- **SNF coinsurance, days 21–100:** \$217.00 per day (up from \$209.50); the first 20 SNF days after a qualifying hospital stay are covered at no cost

#### Part A Premiums (Who Pays Them)

Most people age 65 and older who've worked at least 40 quarters (10 years) with Medicare taxes withheld pay **\$0 for Part A**. Those with **30–39 qualifying quarters** pay **\$311/month** in 2026 (up \$26). Those with **fewer than 30 qualifying quarters** pay the full premium of **\$565/month** in 2026 (up \$47).

## Medicare Part D: Premiums and Deductibles

Part D covers prescription drugs. The good news section for 2026: average premiums are down, and the out-of-pocket protections are stronger than they've ever been.

#### Standard and Average Premiums

The average standalone Part D premium in 2026 is **\$34.50/month**, down \$3.81 from \$38.31 in 2025. For Medicare Advantage plans that include drug coverage (MA-PD), the average premium dropped to **\$11.50/month** from \$13.32. Your actual premium depends on your specific plan. Notably, 10 high-cost medications — including Eliquis, Jardiance, and Xarelto — have newly negotiated prices taking effect in 2026 under the Inflation Reduction Act (IRA), which may lower costs significantly for patients who take those drugs.

#### Annual Deductible

The maximum Part D deductible in 2026 is **\$615**, up \$25 from \$590 in 2025. Not every plan charges this amount — some have lower deductibles or no deductible at all. The deductible applies before your plan begins sharing drug costs. Insulin and certain vaccines are exempt under IRA provisions.

#### Out-of-Pocket Cap

Once your out-of-pocket Part D spending reaches **\$2,100** in 2026, you enter the catastrophic coverage phase — your plan pays 100% of covered drug costs for the rest of the year. This cap is up slightly from \$2,000 in 2025, but still dramatically better than the \$8,000 threshold that applied as recently as 2024. The **Medicare Prescription Payment Plan** also lets you spread Part D out-of-pocket costs into predictable monthly installments throughout the year rather than paying large sums at the pharmacy all at once. You must opt in annually, but it's a useful tool for managing cash flow.

[See if you're covered and find your advocate.](#)

Trying to figure out how these changes affect your specific plan? A Solace advocate — an experienced nurse, social worker, or clinical researcher — can review your coverage, explain what changed, and help you find financial assistance programs you may not know about. They make the calls and do the work. Patients pay \$0 or very little per month. [Talk to a Solace advocate today.](#)

## Medicare Advantage (Part C): What Changed

**Medicare Advantage** plans are offered by private insurers as an alternative to Original Medicare. They must cover everything Original Medicare covers, and most include drug coverage. For an overview of how these plans are structured, see our [Medicare Advantage \(Part C\) overview](#).

The average MA-PD premium in 2026 is **\$11.50/month**, down \$1.82 from 2025. The in-network maximum out-of-pocket limit dropped slightly to **\$9,250** (from \$9,350). The out-of-network out-of-pocket cap is **\$13,900**. Once you've hit the in-network cap for the year, the plan covers 100% of covered in-network costs for the remainder — a meaningful

the plan covers costs of services in-network costs for the remainder of the year, providing greater protection for patients managing serious or ongoing conditions.

One important note for 2026: some insurers exited markets or reduced their service areas, meaning your plan may have changed even if you didn't switch it. Your insurer was required to send you an **ANOC** by September 30, 2025. If you haven't reviewed that document, now is the time — particularly if you've had any changes in your doctors, medications, or pharmacy network. For guidance on reading that document, see [how to read your Medicare ANOC](#). Also keep in mind: MA premiums are paid *in addition to* the standard Part B premium. Even a \$0-premium MA plan still comes with the \$202.90/month Part B cost. For enrollment period guidance, see [Medicare Advantage annual enrollment](#).

## What These Changes Mean for Your Budget

Let's put the 2026 numbers in real terms. A beneficiary paying the standard Part B premium will pay **\$214.80 more per year** in 2026 than in 2025 (\$17.90/month × 12). Add the higher Part B deductible (\$26 more) and even a patient with no hospitalizations faces roughly **\$240 more in baseline costs** this year.

For someone who is hospitalized — facing a \$1,736 Part A deductible, potential daily coinsurance starting at day 61, and a higher Part D deductible — the increases compound. The Part D cap and lower MA/PD premiums offset some of this, but patients with serious conditions who rely heavily on Part A benefits may still come out behind.

For patients with limited income, help is available. **Medicare Savings Programs** can cover Part B premiums, deductibles, and cost-sharing for eligible beneficiaries. The **Extra Help** (also called the Low-Income Subsidy) program significantly reduces Part D costs. If you're not sure whether you qualify, see our guides on the [Extra Help program](#) and [financial planning for Medicare in 2026](#). A Solace advocate can assess your eligibility, handle the application process, and follow up with the agencies involved — without handing you a to-do list. Research from CHCAO shows that 98% of patients who work with an advocate feel more in control of their care. That sense of control is real — and it starts with knowing exactly what you're paying and what help is available.

## Frequently Asked Questions

### What is the Medicare Part B premium in 2026?

The standard Medicare Part B monthly premium is \$202.90 in 2026, up from \$185.00 in 2025 — an increase of \$17.90, or approximately 9.7%. Higher-income beneficiaries pay more, with Part B premiums ranging from \$284.10 to \$689.90 per month for those above the IRMAA income thresholds.

### How much did Medicare premiums increase from 2025 to 2026?

Medicare Part B premiums increased by \$17.90/month (9.7%) in 2026, and the Part A hospital deductible rose by \$60 per benefit period. Average Part D standalone premiums decreased by \$3.81/month, and average Medicare Advantage premiums dropped by \$1.82/month.

### What is the Medicare Part B deductible in 2026?

The Medicare Part B annual deductible is \$283 in 2026, up from \$257 in 2025 — a \$26 increase. You pay this amount each calendar year before Medicare Part B begins covering 80% of approved outpatient costs.

### What is the Medicare Part A deductible in 2026?

The Medicare Part A inpatient hospital deductible is \$1,736 per benefit period in 2026, up from \$1,676 in 2025. This is not an annual deductible — it applies per benefit period, which resets after you've been out of the hospital for 60 consecutive days.

### What is the Medicare Part D deductible in 2026?

The maximum allowable Part D deductible in 2026 is \$615, up \$25 from \$590 in 2025. Individual plans may charge less, and some have no deductible. Insulin and certain other medications are exempt from the deductible under the Inflation Reduction Act.

### What is IRMAA and does it apply to me?

IRMAA stands for Income-Related Monthly Adjustment Amount — a surcharge added to Part B and Part D premiums for beneficiaries whose income exceeds certain thresholds. In 2026, IRMAA applies to individuals with a modified adjusted gross income above \$109,000 (or \$218,000 for married couples filing jointly), based on 2024 tax returns. About 8% of Medicare beneficiaries pay IRMAA; if you've had a significant income drop since 2024, you

can request a reconsideration from the SSA.

#### Did Medicare Advantage premiums go up or down in 2026?

Medicare Advantage premiums went down on average in 2026. The average premium for MA plans with drug coverage (MA-PD) dropped to \$11.50/month, down from \$13.32 in 2025. Your actual premium depends on your specific plan — and some insurers made significant coverage or network changes for 2026, so reviewing your ANOC is essential.

#### What is the Medicare Part D out-of-pocket cap in 2026?

The Medicare Part D out-of-pocket cap is \$2,100 in 2026, up slightly from \$2,000 in 2025. Once you've spent \$2,100 on covered prescription drugs, you enter the catastrophic coverage phase and pay \$0 for covered medications for the rest of the calendar year.

#### Why did the Part B premium increase so much in 2026?

The 9.7% Part B premium increase in 2026 was driven primarily by projected increases in healthcare costs and utilization — a factor CMS adjusts for every year. CMS noted the increase would have been about \$11/month higher had the administration not intervened to reduce spending on skin substitutes, which were growing at an unsustainable rate.

#### How do I know if my Medicare costs changed for 2026?

CMS mailed notices about Part A and B premium and deductible changes in fall 2025, and most beneficiaries saw the change reflected in their Social Security payment starting January 2026. If you have a Medicare Advantage or Part D plan, your insurer was required to mail you an ANOC by September 30, 2025. You can also check your current plan costs at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE.

## You Deserve a Plan That Works for Your Budget

Medicare costs shift every year — and the system does little to make those changes easy to understand or plan for. Higher Part B premiums, a hospitalization deductible that resets per benefit period rather than per year, income-based surcharges tied to tax returns from two years ago: none of this is designed with patients in mind. That's not your fault.

A Solace advocate is an experienced healthcare professional — a nurse, social worker, or clinical researcher — who knows Medicare the way someone knows a system they've worked inside for years. When you work with a Solace advocate, you get one person who stays with you: reviewing your specific plan, identifying assistance programs you may qualify for, and taking the administrative work off your plate entirely. They make the calls, handle the paperwork, and manage the follow ups on your behalf. According to research from CHCAO, 92% of patients who work with an advocate see better health outcomes — and Solace advocacy is paid by insurance.

If the 2026 Medicare changes have you wondering whether your plan still makes sense, whether you qualify for Extra Help or a Medicare Savings Program, or simply what your costs will actually be this year — a Solace advocate can give you a clear answer.

**Get matched with a Solace advocate — it costs you nothing.**

#### REFERENCES

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*Eligibility varies by plan. Advocates do not provide medical or legal advice or services.*

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