

## Medicare Coverage Options with Costs for 2026 in Maricopa County

### Original Medicare

- Nationwide Coverage
- No referrals needed
- Does NOT cover: Dental, Vision, Hearing

#### Part A

Covers: hospital (inpatient), skilled nursing facility, hospice, home health care, other  
Premium (monthly): \$0 (if 40 work credits)  
Deductible: \$1,736 per Benefit Period

#### Part B (80%)

Covers: outpatient services (doctor visits, DME, lab work, therapy, some preventive services, ambulance transport, ER visits, medications administered via injection, other)  
Premium (monthly): **\$202.90**  
Deductible (yearly): \$283 per year  
Coinsurance: 20% on all services, all year, no limit

#### Optional Supplement/Medigap\* (private insurance)

Covers (depends on pre-defined plan): various deductibles, copayments, coinsurance for Parts A and B  
Premium (monthly): **Starting at \$150** for a "G Plan" for a 65-year-old

#### Part D (private insurance)

Covers: prescribed medications  
Premium (monthly): From \$0 to \$119.20; cost may be lower with LIS.  
Deductible (yearly): \$0 - \$615 per year  
Copayment: depends on plan  
Annual cap on drug costs: \$2,100 cap for covered medications

**Monthly estimate:** Part B premium **\$202.90**  
 + Medigap\* premium **starting at \$150** (for 65 years of age)  
 + Part D premium **\$41.92** (varies by plan)  
 + medication copayments (varies)  
 = **\$394.82 + medication copayments**

\*Optional Medigap: in Arizona, there are limited options for people younger than 65. Premiums increase with age.

### Medicare Advantage Plan

also known as Part C  
(private insurance)  
(HMO or PPO)

- Countywide Coverage: HMO
- Nationwide coverage: PPO
- Referrals needed for the HMO
- MIGHT cover LIMITED: Dental, Vision, Hearing and other additional benefits

#### Combines A+B+D

Part B Premium (monthly): **\$202.90**  
ADDITIONAL Premium (monthly): \$0 for most HMOs | \$114 at most per month for PPOs  
Copayments: set fees for all Part A and B services and Part D medications  
Maximum-Out-Of-Pocket Limit (yearly): depends on plan (Part B Premium, Additional Premium, and medication copayments do not count towards the MOOP)

#### Part A

Covers: hospital (inpatient), skilled nursing facility, hospice, home health care, other

#### Part B

Covers: outpatient services (doctor visits, DME, lab work, therapy, some preventive services, ambulance transport, ER visits, medications administered via injection, other)

#### Part D

Covers: prescribed medications  
Deductible (yearly): \$0-\$615 per year  
Copayment: depends on plan  
Annual cap on drug costs: \$2,100 cap for covered medications

**Monthly estimate:** Part B premium **\$202.90**  
 + ADDITIONAL premium (**\$0** for HMO)  
 + copayments for all services (with yearly limit)  
 + copayments for medications (varies)  
 = **\$202.90+ services and medication copayments**