

Use this worksheet to estimate your potential Medicare costs in 2026. Costs vary based on your health needs, plan choices, and location. This tool is for educational purposes only and is not a quote or guarantee of coverage.

Name: \_\_\_\_\_ Age Turning 65: \_\_\_\_\_ Planned Medicare Start Date: \_\_\_\_\_  
 Location (ZIP Code): \_\_\_\_\_ Current Health Status:  Excellent  Good  Fair  Poor

1 MEDICARE BASICS (Required for Most)			
COST ITEM	MONTHLY	ANNUAL	YOUR ESTIMATE
Part B Premium (2026 standard)	\$202.90	\$2,434.80	\$ _____
Medigap Plan Premium (Plan G example)	Varies	Varies	\$ _____
Part D Prescription Drug Plan (Estimated average)	\$36.78	\$441.36	\$ _____
<b>Total Medicare Basics (Total of above)</b>	<b>\$239.68</b>	<b>\$2,876.16</b>	<b>\$ _____</b>

**2026 MEDICARE AMOUNTS TO KNOW**

Part B Premium (Standard)  
**\$202.90/month**

Part B Deductible  
**\$283/year**

Part A Deductible  
**\$1,676**  
(per benefit period)

Source: Centers for Medicare & Medicaid Services (CMS)

2 OUT-OF-POCKET COSTS (With Medigap Plan G)		
COST ITEM	ANNUAL	YOUR ESTIMATE
Part B Deductible (Plan G covers everything else)	\$283	\$ _____
Copays / Coinsurance (Plan G pays 100% after deductible)	\$0	\$ _____
Part A Deductible (if inpatient hospital stay)	\$1,676	\$ _____
Other Out-of-Pocket Medical Expenses (Urgent care, labs, outpatient services)	\$500	\$ _____
<b>Total Out-of-Pocket Costs</b>	<b>\$2,459</b>	<b>\$ _____</b>

3 ADDITIONAL HEALTHCARE EXPENSES		
COST ITEM	ANNUAL	YOUR ESTIMATE
Dental Care	\$600	\$ _____
Vision Care	\$250	\$ _____
Hearing Care	\$800	\$ _____
Fitness / Wellness / Gym Membership	\$300	\$ _____
Over-the-Counter (OTC) Items & Supplies	\$300	\$ _____
Other (Chiropractor, Acupuncture, etc.)	\$500	\$ _____
<b>Total Additional Expenses</b>	<b>\$2,750</b>	<b>\$ _____</b>

4 PRESCRIPTION DRUGS (Part D)		
DESCRIPTION	ANNUAL	YOUR ESTIMATE
Part D Plan Premium	\$441	\$ _____
Estimated Rx Drug Costs (After plan coverage)	\$600	\$ _____
<b>Total Prescription Drug Costs</b>	<b>\$1,041</b>	<b>\$ _____</b>

6 YOUR TOTAL ANNUAL ESTIMATED COSTS	
1. Medicare Basics (Total)	\$ _____
2. Out-of-Pocket Costs (Total)	\$ _____
3. Additional Healthcare Expenses (Total)	\$ _____
4. Prescription Drug Costs (Total)	\$ _____
5. Miscellaneous & Planning (Total)	\$ _____
<b>TOTAL ESTIMATED ANNUAL COSTS =</b>	<b>\$ _____</b>

5 MISCELLANEOUS & PLANNING CONSIDERATIONS		
ITEM	ANNUAL	YOUR ESTIMATE
Emergency Fund for Healthcare (Recommended 3-6 months of expenses)	\$1,500	\$ _____
Travel / Out-of-Network Exposure	\$500	\$ _____
Long-Term Care Insurance Premium	Varies	\$ _____
<b>Total Miscellaneous &amp; Planning</b>	<b>\$2,500</b>	<b>\$ _____</b>



**Note:** This worksheet provides estimates based on national averages and standard 2026 Medicare amounts. Your actual costs may be higher or lower.  
**Sources:** Centers for Medicare & Medicaid Services (CMS), KFF, Medicare.gov