CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 14055	**Date: November 25, 2026**
	Change Request 14683

SUBJECT: Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2027

I. SUMMARY OF CHANGES: The purpose of this recurring Change Request (CR) is to provide instructions for Medicare contractors to update the claims processing system with the new CY 2027 Medicare rates.

This recurring update notification applies to Chapter 3, Sections 10.3, 20.2 and 20.6 of the Medicare General Information, Eligibility, and Entitlement manual.

EFFECTIVE DATE: January 1, 2027
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 4, 2027

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/10/10.3/Basis for Determining the Part A Coinsurance Amounts
R	3/20/20.2/Part B Annual Deductible
R	3/20/20.6/Part B Premium

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-01	Transmittal: 14055	Date: November 25, 2026	Change Request: 14683

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I. SUMMARY OF CHANGES: The purpose of this recurring Change Request (CR) is to provide instructions for Medicare contractors to update the claims processing system with the new CY 2027 Medicare rates.

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II. GENERAL INFORMATION

A. Background: Beneficiaries who use covered Part A services may be subject to deductible and coinsurance requirements. A beneficiary is responsible for an inpatient hospital deductible amount, which is deducted from the amount payable by the Medicare program to the hospital, for inpatient hospital services furnished in a spell of illness. When a beneficiary receives such services for more than 60 days during a spell of illness, he or she is responsible for a coinsurance amount equal to one-fourth of the inpatient hospital deductible per-day for the 61st - 90th day spent in the hospital. A beneficiary has 60 lifetime reserve days of coverage, which they may elect to use after the 90th day in a spell of illness. The coinsurance amount for these days is equal to one-half of the inpatient hospital deductible. A beneficiary is responsible for a coinsurance amount equal to one-eighth of the inpatient hospital deductible per day for the 21st through the 100th day of Skilled Nursing Facility (SNF) services furnished during a spell of illness.

Most individuals age 65 and older, and many disabled individuals under age 65, are insured for Health Insurance (HI) benefits without a premium payment. The Social Security Act provides that certain aged and disabled persons who are not insured may voluntarily enroll but are subject to the payment of a monthly premium. Since 1994, voluntary enrollees may qualify for a reduced premium if they have 30 - 39 quarters of covered employment. When voluntary enrollment takes place more than 12 months after a person's initial enrollment period, a 10 percent penalty is assessed for two (2) years for every year they could have enrolled and failed to enroll in Part A.

Under Part B of the Supplementary Medical Insurance (SMI) program, all enrollees are subject to a monthly premium. Most SMI services are subject to an annual deductible and coinsurance (percent of costs that the enrollee must pay), which are set by statute. When Part B enrollment takes place more than 12 months after a person's initial enrollment period, there is a permanent 10 percent increase in the premium for each year the beneficiary could have enrolled and failed to enroll.

B. Policy: 2027 PART A - HOSPITAL INSURANCE (HI)

Part A Base Premium (BP)

- $597.00 a month

Part A BP with 10% surcharge

- $656.70 a month

Part A BP with 45% reduction

- $328.00 a month (for those who have 30-39 quarters of coverage)

Part A BP with 45% reduction and 10% surcharge

- $360.80 a month

Part A Coinsurance

- $444.00 a day for 61st-90th day
- $888.00 a day for 91st-150th day (lifetime reserve days)
- $222.00 a day for 21st-100th day (Skilled Nursing Facility (SNF) coinsurance)

Part A Deductible

- $1,776.00

2027 PART B - SUPPLEMENTARY MEDICAL INSURANCE (SMI)

Part B Standard Premium

- $209.40 a month

Part B Deductible

- $292.00 a year

Pro Rata Data Amount

- $205.54 1st month
- $86.46 2nd month

Coinsurance

- 20 percent

See Attachment A: "Income Parameters for Determining Part B Premium"

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14683.1	Contractors shall update the **2027** Medicare Part A inpatient deductible rate to $1,776.00 per benefit period.	X				X			X	
14683.1.1	The CMS shall update the hospital inpatient limit to $1,776.00 in the Outpatient Prospective Payment System (OPPS) Pricer. (This is used as a threshold amount for which the national coinsurance may not exceed).	X				X				OPPS Pricer
14683.2	Contractors shall update the **2027** Medicare Part A coinsurance rate to $444.00 a day for days 61-90 in each period.	X				X			X	
14683.3	Contractors shall update the **2027** Medicare Part A coinsurance rate to $888.00 a day for days 91-150 for each "Lifetime Reserve" day used.	X				X			X	
14683.4	Contractors shall update the **2027** Medicare Part A coinsurance to $222.00 per day in a Skilled Nursing Facility for days 21-100 in each benefit period.	X				X			X	
14683.5	Contractors shall update the **2027** Medicare Part B deductible to $292.00 per year.	X	X		X	X	X		X	
14683.6	The Common Working File (CWF) shall make changes to incorporate the **2027** Pro-Rata Data amounts of $205.54 for the 1st month and $86.46 for the 2nd month.								X	
14683.7	Contractors shall update their Interactive Voice Response scripts with information provided in the above requirements (as applicable).	X	X		X					

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, section 50.3.3 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B, A/B MAC Part A, DME MAC

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Attachment A: Income Parameters for Determining Part B Premium

The following are the 2027 Part B monthly premium rates to be paid by (or on behalf of) beneficiaries who file individual tax returns (including those who are single, heads of households, qualifying widows(ers) with dependent children, or married individuals filing separately who lived apart from their spouses for the entire taxable year) or joint tax returns.

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	**Beneficiaries who file joint tax returns with modified adjusted gross income:**	**Income-related monthly adjustment amount**	**Total monthly premium amount**
Less than or equal to $112,000	Less than or equal to $224,000	$0.00	$209.40
Greater than $112,000 and less than or equal to $141,000	Greater than $224,000 and less than or equal to $282,000	$83.70	$293.10
Greater than $141,000 and less than or equal to $177,000	Greater than $282,000 and less than or equal to $354,000	$209.40	$418.80
Greater than $177,000 and less than or equal to $212,000	Greater than $354,000 and less than or equal to $424,000	$335.00	$544.40
Greater than $212,000 and less than $500,000	Greater than $424,000 and less than $750,000	$460.60	$670.00
Greater than or equal to $500,000	Greater than or equal to $750,000	$502.40	$711.80

In addition, the monthly premium rates to be paid by (or on behalf of) beneficiaries who are married and lived with their spouses at any time during the taxable year, but who file separate tax returns from their spouses, are as follows:

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	**Income-related monthly adjustment amount**	**Total monthly premium amount**
Less than or equal to $112,000	$0.00	$209.40
Greater than $112,000 and less than $388,000	$460.60	$670.00
Greater than or equal to $388,000	$502.40	$711.80

For beneficiaries with immunosuppressive drug only Part B coverage, who file either individual tax returns (and are single individuals, heads of households, qualifying widows or widowers with dependent children, or married individuals filing separately who lived apart from their spouses for the entire taxable year) or joint tax returns, the 2027 Part B monthly premium rates are shown below.

Part B Immunosuppressive Drug Coverage Only			
Beneficiaries who file individual tax returns with modified adjusted gross income:	**Beneficiaries who file joint tax returns with modified adjusted gross income:**	**Income-related monthly adjustment amount**	**Total monthly premium amount**
Less than or equal to $112,000	Less than or equal to $224,000	$0.00	$125.70
Greater than $112,000 and less than or equal to $141,000	Greater than $224,000 and less than or equal to $282,000	$83.70	$209.40
Greater than $141,000 and less than or equal to $177,000	Greater than $282,000 and less than or equal to $354,000	$209.40	$335.10
Greater than $177,000 and less than or equal to $212,000	Greater than $354,000 and less than or equal to $424,000	$335.00	$460.70
Greater than $212,000 and less than $500,000	Greater than $424,000 and less than $750,000	$460.60	$586.30
Greater than or equal to $500,000	Greater than or equal to $750,000	$502.40	$628.10

The monthly premium rates to be paid by (or on behalf of) beneficiaries with immunosuppressive drug only Part B coverage who are married and lived with their spouses at any time during the taxable year, but who file separate tax returns from their spouses, are as follows:

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	**Income-related monthly adjustment amount**	**Total monthly premium amount**
Less than or equal to $112,000	$0.00	$125.70
Greater than $112,000 and less than $388,000	$460.60	$586.30
Greater than or equal to $388,000	$502.40	$628.10

Medicare General Information, Eligibility, and Entitlement

Chapter 3 - Deductibles, Coinsurance Amounts, and Payment Limitations

10.3 - Basis for Determining the Part A Coinsurance Amounts

(Rev.14055, Issued:11-25-26, Effective:01-01-27, Implementation:01-04-27)

The applicable inpatient deductible is the one in effect during the calendar year in which the patient's benefit period begins (i.e., in most cases, the year in which the first inpatient hospital services are furnished in the benefit period). Except for 1989, the coinsurance amount is based on the deductible applicable for the calendar year in which the coinsurance days occur.

When Deductible and/or Coinsurance Are Applicable for Part A

Inpatient Hospital- First 60 Days	Deductible applicable equal to national average cost per day
Inpatient Hospital- 61st thru 90th Day	Coinsurance per day always equal to 1/4 of inpatient hospital deductible
Inpatient Hospital- 60 Lifetime Reserve Days (nonrenewable) - 91st thru 150th day	Coinsurance always equal to 1/2 of inpatient hospital deductible
Skilled Nursing Facility 21st thru 100th Day	Coinsurance always equal to 1/8 of inpatient hospital deductible
Home Health Agency	No Deductible No Coinsurance (except for 20 percent coinsurance for DME and prosthetics/ orthotics)
Blood	1st 3 pints (or equivalent units of packed red blood cells) in a calendar year - combined Part A and B
Hospice * a. Drugs and Biologicals b. Respite Care	a. 5 percent of the cost determined by the drug copayment schedule (may not exceed $5 per prescription) b. 5 percent of the payment for a respite care day

*Hospices may charge coinsurance for two services only, drugs and biologicals, and respite care. The amount of coinsurance for each prescription may not exceed $5.00. The amount for respite care may not exceed the inpatient deductible for the year in which the hospital coinsurance period began.

Deductible and Coinsurance Amounts

Year	Part A Deductible First 60 Days	Part A Coinsurance 61 – 90 Days	Part A Coinsurance 60 Lifetime	Part A SNF Coinsurance 21 – 100 Days
1986	$492.00	$123.00	$246.00	$61.50
1987	$520.00	$130.00	$260.00	$65.00
1988	$540.00	$135.00	$270.00	$67.50
1989	$560.00	$0 (1)	$0 (1)	$0(2)
1990	$592.00	$148.00	$296.00	$74.00
1991	$628.00	$157.00	$314.00	$78.50
1992	$652.00	$163.00	$326.00	$81.50
1993	$676.00	$169.00	$338.00	$84.50
1994	$696.00	$174.00	$348.00	$87.00
1995	$716.00	$179.00	$358.00	$89.50
1996	$736.00	$184.00	$368.00	$92.00
1997	$760.00	$190.00	$380.00	$92.00
1998	$764.00	$191.00	$382.00	$95.50
1999	$768.00	$192.00	$384.00	$96.00
2000	$776.00	$194.00	$388.00	$97.00
2001	$792.00	$198.00	$396.00	$99.00
2002	$812.00	$203.00	$406.00	$101.50
2003	$840.00	$210.00	$420.00	$105.00
2004	$876.00	$219.00	$438.00	$109.50
2005	$912.00	$228.00	$456.00	$114.00
2006	$952.00	$238.00	$476.00	$119.00
2007	$992.00	$248.00	$496.00	$124.00
2008	$1,024.00	$256.00	$512.00	$128.00
2009	$1,068.00	$267.00	$534.00	$133.50
2010	$1,100.00	$275.00	$550.00	$137.50
2011	$1,132.00	$283.00	$566.00	$141.50
2012	$1,156.00	$289.00	$578.00	$144.50
2013	$1,184.00	$296.00	$592.00	$148.00
2014	$1,216.00	$304.00	$608.00	$152.00
2015	$1,260.00	$315.00	$630.00	$157.50
2016	$1,288.00	$322.00	$644.00	$161.00
2017	$1,316.00	$329.00	$658.00	$164.50
2018	$1,340.00	$335.00	$670.00	$167.50
2019	$1364.00	$341.00	$682.00	$170.50
2020	$1,408.00	$352.00	$704.00	$176.00
2021	$1,484.00	$371.00	$742.00	$185.50
2022	$1,556.00	$389.00	$778.00	$194.50
2023	$1,600.00	$400.00	$800.00	$200.00
2024	$1,632.00	$408.00	$816.00	$204.00
2025	$1,676.00	$419.00	$838.00	$209.50

Year	Part A Deductible First 60 Days	Part A Coinsurance 61 – 90 Days	Part A Coinsurance 60 Lifetime	Part A SNF Coinsurance 21 – 100 Days
2026	*$1,736.00*	*$434.00*	*$868.00*	*$217.00*
2027	*$1776.00*	*$444.00*	*$888.00*	*$222.00*

1. Coinsurance was not charged for inpatient hospital care in CY 1989 due to Catastrophic Coverage. The deductible was applied.

2. Under Catastrophic Coverage, a coinsurance payment of $25.50 was due for days 1-8 of SNF care. No SNF coinsurance was due after day 8 in 1989.

20.2 - Part B Annual Deductible

(Rev.14055, Issued:11-25-26, Effective:01-01-27, Implementation:01-04-27)

In each calendar year, a cash deductible must be satisfied before payment can be made under SMI. (See 20.4 of this chapter for exceptions.)

Calendar Year	Deductible
1966 – 1972	$50.00
1973 – 1981	$60.00
1982 – 1990	$75.00
1991 – 2004	$100.00
2005	$110.00
2006	$124.00
2007	$131.00
2008	$135.00
2009	$135.00
2010	$155.00
2011	$162.00
2012	$140.00
2013	$147.00
2014	$147.00
2015	$147.00
2016	$166.00
2017	$183.00
2018	$183.00
2019	$185.00
2020	$198.00
2021	$203.00
2022	$233.00
2023	$226.00
2024	$240.00
2025	$257.00

2026	*$283.00*
2027	*$292.00*

Expenses count toward the deductible on the basis of incurred, rather than paid expenses, and are based on Medicare allowed amounts. Non-covered expenses do not count toward the deductible. Even though an individual is not entitled to Part B benefits for the entire calendar year (i.e., insurance coverage begins after the first month of a year or the individual dies before the last month of the year), he or she is still subject to the full deductible for that year. Medical expenses incurred in the portion of the year preceding entitlement to medical insurance are not credited toward the deductible.

The date of service generally determines when expenses were incurred, but expenses are allocated to the deductible in the order in which the bills are received. Services not subject to the deductible cannot be used to satisfy the deductible.

Pro Rata Amounts

Pro Rata Amounts		
	First Month	Second Month
2012	$100.20	$39.80
2013	$103.95	$43.05
2014	$114.99	$32.01
2015	$114.99	$32.01
2016	$118.86	$47.14
2017	$125.73	$57.27
2018	$126.88	$56.12
2019	$133.57	$51.43
2020	$140.46	$57.54
2021	$145.31	$57.69
2022	$150.66	$82.34
2023	$154.95	$71.05
2024	$161.71	$78.29
2025	$170.32	$86.68
2026	*$191.17*	*$91.83*
2027	*$205.54*	*$86.46*

The Part B deductible is split into pro rata amounts. The purpose of the pro rata amount is to provide beneficiaries who are enrolled in managed care plans the benefit of assuming they have paid their deductible as if they were not enrolled in a managed care plan. The pro rata amount does not apply only to just the first two months of the year but rather for the number of months after first enrollment in a managed care plan that is necessary to cover the Part B deductible. Each year starts the deduction for the pro rata amount over again.

20.6 – Part B Premiums

(Rev.14055, Issued:11-25-26, Effective:01-01-27, Implementation:01-04-27)

The Centers for Medicare and Medicaid Services (CMS) updates the Part B premium each year. These adjustments are made according to formulas set by statute. By law, the monthly Part B premium must be sufficient to cover 25 percent of the program's costs, including the costs of maintaining a reserve against unexpected spending increases. The federal government pays the remaining 75 percent.

Below are the annual Part B premium amounts from Calendar Year (CY) 1996 to 2006. For these years, and years prior to 1996, the Part B premium is a single established rate for all beneficiaries.

Year	Part B Premium
1996	$42.50
1997	$43.80
1998	$43.80
1999	$45.50
2000	$45.50
2001	$50.00
2002	$54.00
2003	$58.70
2004	$66.60
2005	$78.20
2006	$88.50

Effective January 1, 2007, the Part B premium is based on the income of the beneficiary. *The tables below contain the Part B monthly premium rates for calendar years on and after 2007 to be paid by or on behalf of:*

- Beneficiaries who file individual tax returns (including those who are single, heads of households, qualifying widows(ers) with dependent children, or married individuals filing separately who lived apart from their spouses for the entire taxable year) or joint tax returns.
- Beneficiaries who are married and lived with their spouses at any time during the taxable year but who file separate tax returns from their spouses.

Part B Immunosuppressive Drug Coverage Only

In addition, effective January 1, 2023, Section 402 of the Consolidated Appropriations Act of 2021 (CAA, 2021) extended End Stage Renal Disease (ESRD) Medicare to certain Medicare beneficiaries who are 36 months post kidney transplant and therefore no longer eligible for full Medicare coverage. These beneficiaries can elect to continue Part B immunosuppressive drug benefit (PBID) by paying a premium.

The Part B immunosuppressive drug coverage only tables for *calendar years on and after 2023* will include the premium rates to be paid by or on behalf of:

- Beneficiaries who file individual tax returns (including those who are single, heads of households, qualifying widows(ers) with dependent children, or married individuals filing separately who lived apart from their spouses for the entire taxable year) or joint tax returns.
- Beneficiaries who are married and lived with their spouses at any time during the taxable year, but who file separate tax returns from their spouse.

2007 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $80,000	*Less than or equal to $160,000*	*$0.00*	*$93.50*
Greater than $80,000 and less than or equal to $100,000	*Greater than $160,000 and less than or equal to $200,000*	*$12.30*	*$105.80*
Greater than $100,000 and less than or equal to $150,000	*Greater than $200,000 and less than or equal to $300,000*	*$30.90*	*$124.40*
Greater than $150,000 and less than or equal to $200,000	*Greater than $300,000 and less than or equal to $400,000*	*$49.40*	*$142.90*
Greater than $200,000	*Greater than $400,000*	*$67.90*	*$161.40*

2007 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $80,000	*$0.00*	*$93.50*
Greater than $80,000 and less than or equal to $120,000	*$49.40*	*$142.90*
Greater than $120,000	*$67.90*	*$161.40*

2008 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $82,000	*Less than or equal to $164,000*	*$0.00*	*$96.40*
Greater than $82,000 and less than or equal to $102,000	*Greater than $164,000 and less than or equal to $204,000*	*$25.80*	*$122.20*
Greater than $102,000 and less than or equal to $153,000	*Greater than $204,000 and less than or equal to $306,000*	*$64.50*	*$160.90*
Greater than $153,000 and less than or equal to $205,000	*Greater than $306,000 and less than or equal to $410,000*	*$103.30*	*$199.70*
Greater than $205,000	*Greater than $410,000*	*$142.00*	*$238.40*

2008 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $82,000	*$0.00*	*$96.40*
Greater than $82,000 and less than or equal to $123,000	*$103.30*	*$199.70*
Greater than $123,000	*$142.90*	*$238.40*

2009 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$96.40*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$38.50*	*$134.90*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$96.30*	*$192.70*
Greater than $160,000 and less than or equal to $213,000	*Greater than $320,000 and less than or equal to $426,000*	*$154.10*	*$250.50*
Greater than $213,000	*Greater than $426,000*	*$211.90*	*$308.30*

2009 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$96.40*
Greater than $85,000 and less than or equal to $128,000	*$154.10*	*$250.50*
Greater than $128,000	*$211.90*	*$308.30*

2010 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$110.50*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$44.20*	*$154.70*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$110.50*	*$221.00*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$176.80*	*$287.30*
Greater than $214,000	*Greater than $428,000*	*$243.10*	*$353.60*

2010 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$110.50*
Greater than $85,000 and less than or equal to $129,000	*$184.50*	*$287.30*
Greater than $129,000	*$253.70*	*$353.60*

2011 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$115.40*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$46.10*	*$161.50*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$115.30*	*$230.70*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$184.50*	*$299.90*
Greater than $214,000	*Greater than $428,000*	*$253.70*	*$369.10*

2011 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$115.40*
Greater than $85,000 and less than or equal to $129,000	*$184.50*	*$299.90*
Greater than $129,000	*$253.70*	*$369.10*

2012 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$99.90*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$40.00*	*$139.90*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$99.90*	*$199.80*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$159.80*	*$259.70*
Greater than $214,000	*Greater than $428,000*	*$219.80*	*$319.70*

2012 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$99.90*
Greater than $85,000 and less than or equal to $129,000	*$159.80*	*$259.70*
Greater than $129,000	*$219.80*	*$319.70*

2013 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$104.90*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$42.00*	*$146.90*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$104.90*	*$209.80*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$167.80*	*$272.70*
Greater than $214,000	*Greater than $428,000*	*$230.80*	*$335.70*

2013 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$104.90*
Greater than $85,000 and less than or equal to $129,000	*$167.80*	*$272.70*
Greater than $129,000	*$230.80*	*$335.70*

2014 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$104.90*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$42.00*	*$146.90*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$104.90*	*$209.80*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$167.80*	*$272.70*
Greater than $214,000	*Greater than $428,000*	*$230.80*	*$335.70*

2014 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$104.90*
Greater than $85,000 and less than or equal to $129,000	*$167.80*	*$272.70*
Greater than $129,000	*$230.80*	*$335.70*

2015 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$104.90*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$42.00*	*$146.90*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$104.90*	*$209.80*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$167.80*	*$272.70*
Greater than $214,000	*Greater than $428,000*	*$230.80*	*$335.70*

2015 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$104.90*
Greater than $85,000 and less than or equal to $129,000	*$167.80*	*$272.70*
Greater than $129,000	*$230.80*	*$335.70*

2016 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$121.80*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$48.70*	*$170.50*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$121.80*	*$243.60*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$194.60*	*$316.70*
Greater than $214,000	*Greater than $428,000*	*$268.00*	*$389.80*

2016 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$121.80*
Greater than $85,000 and less than or equal to $129,000	*$194.90*	*$316.70*
Greater than $129,000	*$268.00*	*$389.80*

2017 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$134.00*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$53.50*	*$187.50*
Greater than $107,000 and less than or equal to $160,000	*Greater than $214,000 and less than or equal to $320,000*	*$133.90*	*$267.90*
Greater than $160,000 and less than or equal to $214,000	*Greater than $320,000 and less than or equal to $428,000*	*$214.30*	*$348.30*
Greater than $214,000	*Greater than $428,000*	*$294.60*	*$428.60*

2017 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$134.00*
Greater than $85,000 and less than or equal to $129,000	*214.30*	*348.30*
Greater than $129,000	*294.60*	*428.60*

2018 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file an individual tax return with income:	***Beneficiaries who file a joint tax return with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$134.00*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$53.50*	*$187.50*
Greater than $107,000 and less than or equal to $133,500	*Greater than $214,000 and less than or equal to $267,000*	*$133.90*	*$267.90*
Greater than $133,500 and less than or equal to $160,000	*Greater than $267,000 and less than or equal to $320,000*	*$214.30*	*$348.30*
Greater than $160,000	*Greater than $320,000*	*$294.60*	*$428.60*

2018 Part B Premium Rates (continued)

Full Part B Coverage		
***Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse**:*	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$134.00*
Greater than $85,000	*$294.60*	*$428.60*

2019 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with income:	***Beneficiaries who file joint tax returns with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*Less than or equal to $170,000*	*$0.00*	*$135.50*
Greater than $85,000 and less than or equal to $107,000	*Greater than $170,000 and less than or equal to $214,000*	*$54.10*	*$189.60*
Greater than $107,000 and less than or equal to $133,500	*Greater than $214,000 and less than or equal to $267,000*	*$135.40*	*$270.90*
Greater than $133,500 and less than or equal to $160,000	*Greater than $267,000 and less than or equal to $320,000*	*$216.70*	*$352.20*
Greater than $160,000 and less than $500,000	*Greater than $320,000 and less than $750,000*	*$297.90*	*$433.40*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$325.00*	*$460.50*

2019 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $85,000	*$0.00*	*$135.50*
Greater than $85,000 and less than $415,000	*$297.90*	*$433.40*
Greater than or equal to $415,000	*$325.00*	*$460.50*

2020 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with income:	***Beneficiaries who file joint tax returns with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $87,000	*Less than or equal to $174,000*	*$0.00*	*$144.60*
Greater than $87,000 and less than or equal to $109,000	*Greater than $174,000 and less than or equal to $218,000*	*$57.80*	*$202.40*
Greater than $109,000 and less than or equal to $136,000	*Greater than $218,000 and less than or equal to $272,000*	*$144.60*	*$289.20*
Greater than $136,000 and less than or equal to $163,000	*Greater than $272,000 and less than or equal to $326,000*	*$231.40*	*$376.00*
Greater than $163,000 and less than $500,000	*Greater than $326,000 and less than $750,000*	*$318.10*	*$462.70*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$347.00*	*$491.60*

2020 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $87,000	*$0.00*	*$144.60*
Greater than $87,000 and less than $413,000	*$318.10*	*$462.70*
Greater than or equal to $413,000	*$347.00*	*$491.60*

2021 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with income:	***Beneficiaries who file joint tax returns with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $88,000	*Less than or equal to $176,000*	*$0.00*	*$148.50*
Greater than $88,000 and less than or equal to $111,000	*Greater than $176,000 and less than or equal to $222,000*	*$59.40*	*$207.90*
Greater than $111,000 and less than or equal to $138,000	*Greater than $222,000 and less than or equal to $276,000*	*$148.50*	*$297.00*
Greater than $138,000 and less than or equal to $165,000	*Greater than $276,000 and less than or equal to $330,000*	*$237.60*	*$386.10*
Greater than $165,000 and less than $500,000	*Greater than $330,000 and less than $750,000*	*$326.70*	*$475.20*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$356.40*	*$504.90*

2021 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $88,000	*$0.00*	*$148.50*
Greater than $88,000 and less than $412,000	*$326.70*	*$475.20*
Greater than or equal to $412,000	*$356.40*	*$504.90*

2022 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with income:	***Beneficiaries who file joint tax returns with income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $91,000	*Less than or equal to $182,000*	*$0.00*	*$170.10*
Greater than $91,000 and less than or equal to $114,000	*Greater than $182,000 and less than or equal to $228,000*	*$68.00*	*$238.10*
Greater than $114,000 and less than or equal to $142,000	*Greater than $228,000 and less than or equal to $284,000*	*$170.10*	*$340.20*
Greater than $142,000 and less than or equal to $170,000	*Greater than $284,000 and less than or equal to $340,000*	*$272.20*	*$442.30*
Greater than $170,000 and less than $500,000	*Greater than $340,000 and less than $750,000*	*$374.20*	*$544.30*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$408.20*	*$578.30*

2022 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $91,000	*$0.00*	*$170.10*
Greater than $91,000 and less than $409,000	*$374.20*	*$544.30*
Greater than or equal to $409,000	*$408.20*	*$578.30*

2023 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $97,000	*Less than or equal to $194,000*	*$0.00*	*$164.90*
Greater than $97,000 and less than or equal to $123,000	*Greater than $194,000 and less than or equal to $246,000*	*$65.90*	*$230.80*
Greater than $123,000 and less than or equal to $153,000	*Greater than $246,000 and less than or equal to $306,000*	*$164.80*	*$329.70*
Greater than $153,000 and less than or equal to $183,000	*Greater than $306,000 and less than or equal to $366,000*	*$263.70*	*$428.60*
Greater than $183,000 and less than $500,000	*Greater than $366,000 and less than $750,000*	*$362.60*	*$527.50*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$395.60*	*$560.50*

2023 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $97,000	*$0.00*	*$164.90*
Greater than $97,000 and less than $403,000	*$362.60*	*$527.50*
Greater than or equal to $403,000	*$395.60*	*$560.50*

2023 Part B Immunosuppressive Drug Coverage Only Premium Rates

Part B Immunosuppressive Drug Coverage Only			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $97,000	*Less than or equal to $194,000*	*$0.00*	*$97.10*
Greater than $97,000 and less than or equal to $123,000	*Greater than $194,000 and less than or equal to $246,000*	*$64.70*	*$161.80*
Greater than $123,000 and less than or equal to $153,000	*Greater than $246,000 and less than or equal to $306,000*	*$161.80*	*$258.90*
Greater than $153,000 and less than or equal to $183,000	*Greater than $306,000 and less than or equal to $366,000*	*$258.90*	*356.00*
Greater than $183,000 and less than $500,000	*Greater than $366,000 and less than $750,000*	*$356.00*	*$453.10*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$388.40*	*$485.50*

2023 Part B Immunosuppressive Drug Coverage Only Premium Rates (continued)

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $97,000	*$0.00*	*$97.10*
Greater than $97,000 and less than $403,000	*$356.00*	*$453.10*
Greater than or equal to $403,000	*$388.40*	*$485.50*

2024 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $103,000	*Less than or equal to $206,000*	*$0.00*	*$174.70*
Greater than $103,000 and less than or equal to $129,000	*Greater than $206,000 and less than or equal to $258,000*	*$69.90*	*$244.60*
Greater than $129,000 and less than or equal to $161,000	*Greater than $258,000 and less than or equal to $322,000*	*$174.70*	*$349.40*
Greater than $161,000 and less than or equal to $193,000	*Greater than $322,000 and less than or equal to $386,000*	*$279.50*	*$454.20*
Greater than $193,000 and less than $500,000	*Greater than $386,000 and less than $750,000*	*$384.30*	*$559.00*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$419.30*	*$594.00*

2024 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $103,000	*$0.00*	*$174.70*
Greater than $103,000 and less than $397,000	*$384.30*	*$559.00*
Greater than or equal to $397,000	*$419.30*	*$594.00*

2024 Part B Immunosuppressive Drug Coverage Only Premium Rates

Part B Immunosuppressive Drug Coverage Only			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $103,000	*Less than or equal to $206,000*	*$0.00*	*$103.00*
Greater than $103,000 and less than or equal to $129,000	*Greater than $206,000 and less than or equal to $258,000*	*$68.70*	*$171.70*
Greater than $129,000 and less than or equal to $161,000	*Greater than $258,000 and less than or equal to $322,000*	*$171.70*	*$274.70*
Greater than $161,000 and less than or equal to $193,000	*Greater than $322,000 and less than or equal to $386,000*	*$274.70*	*$377.70*
Greater than $193,000 and less than $500,000	*Greater than $386,000 and less than $750,000*	*$377.70*	*$480.70*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$412.10*	*$515.10*

2024 Part B Immunosuppressive Drug Coverage Only Premium Rates (continued)

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $103,000	*$0.00*	*$103.00*
Greater than $103,000 and less than $397,000	*$377.70*	*$480.70*
Greater than or equal to $397,000	*$412.10*	*$515.10*

2025 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $106,000	*Less than or equal to $212,000*	*$0.00*	*$185.00*
Greater than $106,000 and less than or equal to $133,000	*Greater than $212,000 and less than or equal to $266,000*	*$74.00*	*$259.00*
Greater than $133,000 and less than or equal to $167,000	*Greater than $266,000 and less than or equal to $334,000*	*$185.00*	*$370.00*
Greater than $167,000 and less than or equal to $200,000	*Greater than $334,000 and less than or equal to $400,000*	*$295.90*	*$480.90*
Greater than $200,000 and less than $500,000	*Greater than $400,000 and less than $750,000*	*$406.90*	*$591.90*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$443.90*	*$628.90*

2025 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $106,000	*$0.00*	*$185.00*
Greater than $106,000 and less than $394,000	*$406.90*	*$591.90*
Greater than or equal to $394,000	*$443.90*	*$628.90*

2025 Part B Immunosuppressive Drug Coverage Only Premium Rates

Part B Immunosuppressive Drug Coverage Only			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $106,000	*Less than or equal to $212,000*	*$0.00*	*$110.40*
Greater than $106,000 and less than or equal to $133,000	*Greater than $212,000 and less than or equal to $266,000*	*$73.60*	*$184.00*
Greater than $133,000 and less than or equal to $167,000	*Greater than $266,000 and less than or equal to $334,000*	*$184.10*	*$294.50*
Greater than $167,000 and less than or equal to $200,000	*Greater than $334,000 and less than or equal to $400,000*	*$294.50*	*$404.90*
Greater than $200,000 and less than $500,000	*Greater than $400,000 and less than $750,000*	*$404.90*	*$515.30*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$441.70*	*$552.10*

2025 Part B Immunosuppressive Drug Coverage Only Premium Rates (continued)

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $106,000	*$0.00*	*$110.40*
Greater than $106,000 and less than $394,000	*$404.90*	*$515.30*
Greater than or equal to $394,000	*$441.70*	*$552.10*

2026 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $109,000	*Less than or equal to $218,000*	*$0.00*	*$202.90*
Greater than $109,000 and less than or equal to $137,000	*Greater than $218,000 and less than or equal to $274,000*	*$81.20*	*$284.10*
Greater than $137,000 and less than or equal to $171,000	*Greater than $274,000 and less than or equal to $342,000*	*$202.90*	*$405.80*
Greater than $171,000 and less than or equal to $205,000	*Greater than $342,000 and less than or equal to $410,000*	*$324.60*	*$527.50*
Greater than $205,000 and less than $500,000	*Greater than $410,000 and less than $750,000*	*$446.30*	*$649.20*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$487.00*	*$689.90*

2026 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $109,000	*$0.00*	*$202.90*
Greater than $109,000 and less than $391,000	*$446.30*	*$649.20*
Greater than or equal to $391,000	*$487.00*	*$689.90*

2026 Part B Immunosuppressive Drug Coverage Only Premium Rates

Part B Immunosuppressive Drug Coverage Only			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $109,000	*Less than or equal to $218,000*	*$0.00*	*$121.60*
Greater than $109,000 and less than or equal to $137,000	*Greater than $218,000 and less than or equal to $274,000*	*$81.10*	*$202.70*
Greater than $137,000 and less than or equal to $171,000	*Greater than $274,000 and less than or equal to $342,000*	*$202.70*	*$324.30*
Greater than $171,000 and less than or equal to $205,000	*Greater than $342,000 and less than or equal to $410,000*	*$324.30*	*$445.90*
Greater than $205,000 and less than $500,000	*Greater than $410,000 and less than $750,000*	*$445.90*	*$567.50*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$486.50*	*$608.10*

2026 Part B Immunosuppressive Drug Coverage Only Premium Rates (continued)

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $109,000	*$0.00*	*$121.60*
Greater than $109,000 and less than $391,000	*$445.90*	*$567.50*
Greater than or equal to $391,000	*$486.50*	*$608.10*

2027 Part B Premium Rates

Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $112,000	*Less than or equal to $224,000*	*$0.00*	*$209.40*
Greater than $112,000 and less than or equal to $141,000	*Greater than $224,000 and less than or equal to $282,000*	*$83.70*	*$293.10*
Greater than $141,000 and less than or equal to $177,000	*Greater than $282,000 and less than or equal to $354,000*	*$209.40*	*$418.80*
Greater than $177,000 and less than or equal to $212,000	*Greater than $354,000 and less than or equal to $424,000*	*$335.00*	*$544.40*
Greater than $212,000 and less than $500,000	*Greater than $424,000 and less than $750,000*	*$460.60*	*$670.00*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$502.40*	*$711.80*

2027 Part B Premium Rates (continued)

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $112,000	*$0.00*	*$209.40*
Greater than $112,000 and less than $388,000	*$460.60*	*$670.00*
Greater than or equal to $388,000	*$502.40*	*$711.80*

2027 Part B Immunosuppressive Drug Coverage Only Premium Rates

Part B Immunosuppressive Drug Coverage Only			
Beneficiaries who file individual tax returns with modified adjusted gross income:	***Beneficiaries who file joint tax returns with modified adjusted gross income:***	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $112,000	*Less than or equal to $224,000*	*$0.00*	*$125.70*
Greater than $112,000 and less than or equal to $141,000	*Greater than $224,000 and less than or equal to $282,000*	*$83.70*	*$209.40*
Greater than $141,000 and less than or equal to $177,000	*Greater than $282,000 and less than or equal to $354,000*	*$209.40*	*$335.10*
Greater than $177,000 and less than or equal to $212,000	*Greater than $354,000 and less than or equal to $424,000*	*$335.00*	*$460.70*
Greater than $212,000 and less than $500,000	*Greater than $424,000 and less than $750,000*	*$460.60*	*$586.30*
Greater than or equal to $500,000	*Greater than or equal to $750,000*	*$502.40*	*$628.10*

2027 Part B Immunosuppressive Drug Coverage Only Premium Rates (continued)

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses, with modified adjusted gross income:	***Income-related monthly adjustment amount***	***Total monthly premium amount***
Less than or equal to $112,000	*$0.00*	*$125.70*
Greater than $112,000 and less than $388,000	*$460.60*	*$586.30*
Greater than or equal to $388,000	*$502.40*	*$628.10*

For additional information about Part B premiums, refer to the Centers for Medicare & Medicaid Services (CMS) Newsroom Homepage at https://www.cms.gov/about-cms/contact/newsroom for the annual Fact Sheets. In the search bar, enter the Fact Sheet title provided in the list below, to view the Fact Sheet released for the calendar year.

Calendar Year	Fact Sheet Title	Published	Change Request Number	Transmittal Number	Issue Date
2007	Medicare Premium and Deductibles for 2007	09/12/06	5345	R41GI	10/27/06
2008	CMS Announces Medicare Premiums, Deductibles for 2009	10/01/07	5830	R49GI	12/14/07
2009	CMS Announces Medicare Premiums, Deductibles for 2009	09/18/08	6258	R56GI	11/17/08
2010	CMS Announces Medicare Premiums, Deductibles for 2010	10/16/09	6690	R61GI	11/13/09
2011	Medicare Premium and Deductibles for 2011	11/04/10	7224	R65GI	11/19/10
2012	Medicare Premium and Deductibles for 2012	10/27/11	7567	R74GI	12/16/11
2013	CMS Announces Major Savings for Medicare Beneficiaries	10/28/13	8052	R81GI	12/07/12
2014	CMS Announces Major Savings for Medicare Beneficiaries	10/28/13	8527	R82GI	11/15/13
2015	CMS Announces Major Savings for Medicare Beneficiaries	10/28/13	8982	R89GI	11/21/14
2016	2016 Medicare Parts A & B Premiums and Deductibles Announced	11/10/15	9410	R96GI	11/25/15
2017	2017 Medicare Parts A & B Premiums and Deductibles Announced	11/10/16	9902	R103GI	12/02/16
2018	2018 Medicare Parts A & B Premiums and Deductibles	11/17/17	10405	R111GI	12/08/17
2019	2019 Medicare Parts A & B Premiums and Deductibles	10/12/18	11025	R119GI	11/02/18
2020	2020 Medicare Parts A & B Premiums and Deductibles	11/08/19	11542	R129GI	11/22/19
2021	2021 Medicare Parts A & B Premiums and Deductibles	11/06/20	12024	R10469GI	11/20/20

Calendar Year	Fact Sheet Title	Published	Change Request Number	Transmittal Number	Issue Date
2022	2022 Medicare Parts A &B Premiums and Deductibles/2022 Medicare Part D Income-Related Monthly Adjustment Amounts	11/12/21	12507	R11136GI	11/30/21
2023	2023 Medicare Parts A & B Premiums and Deductibles	09/27/22	12903	R11641GI	10/13/22
2024	2024 Medicare Parts A & B Premiums and Deductibles	10/12/23	13365	R12307GI	10/19/23
2025	2025 Medicare Parts A & B Premiums and Deductibles	11/08/24	13796	R12980GI	11/25/24
2026	*2026 Medicare Parts A & B Premiums and Deductibles*	*11/14/25*	*14279*	*R13504GI*	*12/05/25*
2027	*2027 Medicare Parts A & B Premiums and Deductibles*	*1/17/26*	*14683*	*Pending*	*Pending*