**Part B Premium for Immunosuppressive Drug Coverage Only**

**If your yearly income in 2021 for what you pay for 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **File Individual Tax Return** | **File Joint Tax Return** | **File Married & Separate Tax Return** | **You pay each month (2021)** |
| ***$97,000 or less*** | **$194,000 or less** | **$97,000 or less** | **$97.10** |
| **Above $97,000 up to $123,000** | **Above $194,000 up to $246,000** | **Not Applicable** | **$161.80** |
| **Above $123,000 up to $153,000** | **Above $246,000 up to $306,000** | **Not Applicable** | **$258.90** |
| **Above $153,000 up to $183,000** | **Above $306,000 up to $366,000** | **Not Applicable** | **$356.00** |
| **$183,000 and less than $500,000** | **$366,000 and less than $750,000** | **Above $97,000 and less than $403,000** | **$453.10** |
| **$500,000 or above** | **$750,000 or above** | **$403,000 or above** | **$485.50** |