

If your yearly income in 2020 (for what you pay in 2022) was			You pay each month (in 2022)
File individual tax return	File joint tax return	File married & separate tax return	
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10
above \$91,000 up to \$114,000	above \$182,000 up to \$228,000	Not applicable	\$238.10
above \$114,000 up to \$142,000	above \$228,000 up to \$284,000	Not applicable	\$340.20
above \$142,000 up to \$170,000	above \$284,000 up to \$340,000	Not applicable	\$442.30
above \$170,000 and less than \$500,000	above \$340,000 and less than \$750,000	above \$91,000 and less than \$409,000	\$544.30
\$500,000 or above	\$750,000 and above	\$409,000 and above	\$578.30

## 2022

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The standard Part B premium amount in 2022 is \$170.10. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

- **Late enrollment penalty:**
  - In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% of the standard premium for each full 12-month period that you could have had Part B, but didn't sign up for it. Also, you may have to wait until the General

Enrollment Period (from January 1 to March 31) to enroll in Part B. Coverage will start July 1 of that year.

[Learn more about the Part B late enrollment penalty.](#)

## **Part B costs if you have Original Medicare**

### **Note:**

All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "[Evidence of Coverage](#)" from your plan.

- **Part B annual deductible:**

In 2021, you pay \$203 (\$233 in 2022) for your Part B deductible

. After you meet your deductible for the year, you typically pay 20% of the Medicare-Approved Amount

for these:

- Most doctor services (including most doctor services while you're a hospital inpatient)
- Outpatient therapy
- Durable Medical Equipment (Dme)

- **Clinical laboratory services:**

You pay \$0 for Medicare-approved services.

- **Home health services:**

- \$0 for home health care services.
- 20% of the

Medicare-Approved Amount

for

durable medical equipment (dme)

- **Medical and other services:**

- You pay 20% of the  
Medicare-approved amount

for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and Durable Medical Equipment (Dme) [Glossary].

- **Outpatient mental health services:**

- You pay nothing for your yearly depression screening if your doctor or health care provider accepts assignment.

- 20% of the  
Medicare-approved amount

for visits to your doctor or other

health care provider

to diagnose or treat your condition. The Part B

deductible

applies.

- If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional

copayment

or

coinsurance

amount to the hospital.

- **Partial hospitalization mental health services:**

You pay a percentage of the

Medicare-Approved Amount

for each service you get from a doctor or certain other qualified mental health professionals if your health care professional accepts

assignment

. You also pay

coinsurance

for each day of partial hospitalization services you get in a hospital outpatient setting or community mental health center, and the Part B

deductible

applies.

- **Outpatient hospital services:**

- You usually pay 20% of the

Medicare-approved amount

for the doctor or other health care provider's services. For services that can also be provided in a doctor's office, you may pay more for outpatient services you get in a hospital than you'll pay for the same care in a doctor's office. However, the hospital outpatient

copayment

for the service is capped at the inpatient deductible amount.

- In addition to the amount you pay the doctor, you'll also usually pay the hospital a copayment for each service you get in a hospital outpatient setting, except for certain preventive services that don't have a copayment. In most cases, the copayment can't be more than the Part A hospital stay

deductible

for each service.

- The Part B deductible applies, except for certain

preventive services

. If you get hospital outpatient services in a critical access hospital, your copayment may be higher and may exceed the Part A hospital stay deductible.