CHILD HEALTH PLAN *PLUS*
Monthly Maximum Income Guidelines
Effective April 1, 2013

Enrollment Fee: 1 Child: $25.00 2 or More: $35.00	**Enrollment Fee:** 1 Child: $75.00 2 or More: $105.00 **Effective April 1, 2013**

Family Size	N	A	B	C	D	E	F-	F+	G-	G+	J	K	L	M	O
1	383	594	776	958	1121	1274	1437	1523	1628	1772	1915	1963	2155	2251	2394
2	517	802	1047	1293	1513	1720	1939	2056	2198	2392	2585	2650	2909	3038	3232
3	651	1010	1319	1628	1905	2165	2442	2588	2767	3011	3255	3337	3662	3825	4069
4	785	1217	1590	1963	2297	2611	2944	3121	3337	3631	3925	4024	4416	4612	4907
5	919	1425	1861	2298	2689	3056	3447	3654	3906	4251	4595	4710	5170	5400	5744
6	1053	1633	2133	2633	3081	3502	3949	4186	4476	4871	5265	5397	5924	6187	6582
7	1187	1840	2404	2968	3472	3947	4452	4719	5045	5490	5935	6084	6677	6974	7419
8	1321	2048	2676	3303	3864	4393	4954	5251	5615	6110	6605	6771	7431	7761	8257
9	1,455.00	2,256.00	2,947.00	3,638.00	4,256.00	4,838.00	5,457.00	5,784.00	6,184.00	6,730.00	7,275.00	7,457.00	8,185.00	8,549.00	9,094.00
10	1,589.00	2,463.00	3,218.00	3,973.00	4,648.00	5,284.00	5,959.00	6,317.00	6,754.00	7,350.00	7,945.00	8,144.00	8,939.00	9,336.00	9,932.00
Poverty Level	**40%**	**62%**	**81%**	**100%**	**117%**	**133%**	**150%**	**159%**	**170%**	**185%**	**200%**	**205%**	**225%**	**235%**	**250%**

- Percent of federal poverty level corresponds to the upper limit of income in each rating level
- No Fees or Co-Pays for Native Americans and Alaskan Natives
- Co-pays may apply
- Letters in Header Rows correspond to the rate codes in CBMS

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