

## MEDICAID FOR CHILDREN WITH SPECIAL NEEDS MONTHLY PREMIUM CHART

### Family Size

Parents Annual Income	Family Size							Each Additional member
At least--Less Than	2	3	4	5	6	7	8	
\$0-\$39,999.99	NO PREMIUM IF INCOME BELOW 200% FPIG							
\$40-\$49,999.99	\$30	\$29	\$27	\$26	\$24	\$0	\$0	\$0
\$50-\$59,999.99	\$40	\$38	\$36	\$34	\$33	\$31	\$0	\$0
\$60-\$69,999.99	\$50	\$48	\$45	\$43	\$41	\$39	\$37	\$0
\$70-\$79,999.99	\$60	\$57	\$54	\$51	\$49	\$46	\$43	\$0
\$80-\$89,999.99	\$75	\$71	\$68	\$64	\$61	\$58	\$55	(-\$3)
\$90-\$99,999.99	\$100	\$95	\$90	\$86	\$81	\$77	\$73	(-\$4)
\$100-\$109,999.99	\$150	\$143	\$135	\$129	\$122	\$116	\$111	(-\$5)
\$110-\$119,999.99	\$200	\$190	\$181	\$171	\$163	\$155	\$148	(-\$7)
\$120-\$129,999.99	\$250	\$238	\$226	\$214	\$204	\$193	\$185	(-\$8)
\$130-\$139,999.99	\$300	\$285	\$271	\$257	\$244	\$232	\$222	(-\$10)
\$140-\$149,999.99	\$350	\$333	\$316	\$300	\$285	\$271	\$259	(-\$12)
\$150-\$159,999.99	\$400	\$380	\$361	\$343	\$326	\$310	\$297	(-\$13)
\$160-\$169,999.99	\$475	\$451	\$429	\$407	\$387	\$368	\$352	(-\$16)
\$170-\$179,999.99	\$600	\$570	\$542	\$514	\$489	\$464	\$442	(-\$22)
\$180-\$189,999.99	\$675	\$641	\$609	\$579	\$550	\$522	\$497	(-\$25)
\$190-\$199,999.99	\$800	\$760	\$722	\$686	\$652	\$619	\$588	(-\$31)
\$200-\$249,999.99	\$925	\$879	\$835	\$793	\$753	\$716	\$679	(-\$37)
\$250-\$299,999.99	\$1,000	\$950	\$903	\$857	\$815	\$774	\$739	(-\$35)
\$300-\$349,999.99	\$1,000	\$950	\$903	\$857	\$815	\$774	\$739	(-\$35)
\$350-\$399,999.99	\$1,000	\$950	\$903	\$857	\$815	\$774	\$739	(-\$35)
\$400-\$449,999.00	\$1,000	\$950	\$903	\$857	\$815	\$774	\$739	(-\$35)
\$450-\$499,999.99	\$1,000	\$950	\$903	\$857	\$815	\$774	\$739	(-\$35)
\$500,000 +	\$1,000	\$950	\$903	\$857	\$815	\$774	\$739	(-\$35)