

PROGRAM STANDARDS

GROUP I COUNTIES

| # in unit | SNAP (Effective 10/15) | | | | TANF Payment Levels (11/08) | | FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards) | | | | | | AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/15) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------|-----------------------------|----------|-----------------------------|---------------|---|--------------------------|-------------------------------|-----------------------------|---------------------------------------|---------------------------|--|---|-------------------------|-------------------------|--|-------------|-------------|--------------------|----------|----------|------------------|--------|--------------------|------------------------|--|--|-----------|---------|---------|----------------|-------|-------|--------------------|----------|----------|-----|-----|-----|-------------|-----|-----|------------------|-----|-----|--------------|-------|-------|
| | MAX Allot. | MAX Gross 130%FPL Non-QM Units | MAX Gross 200% FPL QM Units | *MAX Net | Child only | Adult & child | Family Assist | Family Health Spend-down | Assist Child only (MAGI 4/15) | Share (MAGI 4/15) | FamilyCare and ACA Adults (MAGI 4/15) | Moms & Babies (MAGI 4/15) | SON* | AABD/QMB 100% FPL | SLIB less than 120% FPL | QI-1 less than 135% FPL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 194 | 1276 | 1962 | 981 | 117 | 243 | 243 | 283 | 1442 | 1443 – 1540 | 1354 | - | 667 | 981 | 982 – 1176 | 1177 – 1323 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 357 | 1726 | 2655 | 1328 | 230 | 318 | 318 | 375 | 1951 | 1952 – 2084 | 1832 | 2828 | 873 | 1328 | 1329 - 1592 | 1593 – 1791 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 511 | 2177 | 3348 | 1675 | 284 | 432 | 432 | 508 | 2461 | 2462 – 2628 | 2310 | 3566 | 1184 | 1674 | 1675 – 2008 | 2009 – 2259 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 649 | 2628 | 4042 | 2021 | 365 | 474 | 474 | 558 | 2971 | 2972 – 3173 | 2789 | 4304 | 1301 | 2021 | 2022 - 2424 | 2425 – 2727 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 771 | 3078 | 4735 | 2368 | 434 | 555 | 555 | 650 | 3480 | 3481 – 3717 | 3267 | 5043 | 1522 | 2368 | 2369 – 2840 | 2841 - 3195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 925 | 3529 | 5428 | 2715 | 465 | 623 | 623 | 733 | 3990 | 3991 – 4261 | 3746 | 5781 | 1711 | 2714 | 2715 - 3256 | 3257 – 3663 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 1022 | 3980 | 6122 | 3061 | 501 | 657 | 657 | 767 | 4499 | 4500 – 4806 | 4224 | 6520 | 1803 | 3061 | 3062 – 3672 | 3673 – 4131 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 1169 | 4430 | 6815 | 3408 | 536 | 691 | 691 | 808 | 5009 | 5010 – 5350 | 4702 | 7258 | 1896 | 3408 | 3409 - 4088 | 4089 – 4599 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 1315 | 4881 | 7508 | 3755 | 576 | 727 | 727 | 850 | 5519 | 5520 – 5894 | 5180 | 7996 | 1995 | 3755 | 3756 - 4504 | 4505 – 5067 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 1461 | 5332 | 8201 | 4102 | 616 | 765 | 765 | 900 | 6029 | 6030 – 6438 | 5658 | 8734 | 2100 | 4102 | 4103 - 4920 | 4921 - 5535 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each add'l | +146 | +451 | +693 | +347 | WAG 25-03-05 | | | +67 | +510 | +544 | +478 | +738 | | +347 | +416 | +468 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units. | | | | | | | | Not over 147% FPL | Over 147% not over 157% FPL | Not over 138% FPL | Not over 213% FPL | | AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Medical Inc Standards PM 15-06-01 | | | | | | | MSP 1 person - <u>2014</u> <u>2015</u> 2 or more- \$7,160 \$7,280 \$10,750 \$10,930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STANDARD DEDUCTION (10/15) \$148 - 1-3 people (10/15) \$161- 4 people (10/15) \$190- 5 people (10/15) \$219- 6 or more people (10/15) | | | | | | | MAX. SHELTER DEDUCTION \$504 (10/15) | | | | | | | Asset Limits PM 07-02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UTILITY STDS (10/15) SUP BY: No QM/QM A/C Heat - \$364 (10/15) 1/5 Limited Utility - \$258 (10/15) 3/7 Single Utility - \$58 (10/15) 4/8 Telephone - \$27 (10/15) 0/9 No Standard 2/6 | | | | | | | MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF | | | | | | | MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10) | | | | | | | <table border="0"> <tr><td></td><td align="right">2014</td><td align="right">2015</td></tr> <tr><td>Medicare Deduction</td><td align="right">\$104.90</td><td align="right">\$104.90</td></tr> <tr><td>Grant Adjustment</td><td align="right">542.90</td><td align="right">554.90 (eff March)</td></tr> <tr><td>SPOUSAL IMPOVERISHMENT</td><td></td><td></td></tr> <tr><td>Resources</td><td align="right">109,560</td><td align="right">109,560</td></tr> <tr><td>Spousal Income</td><td align="right">2,739</td><td align="right">2,739</td></tr> <tr><td>Family Maintenance</td><td align="right">1,938.75</td><td align="right">1,966.25</td></tr> <tr><td>SLF</td><td align="right">721</td><td align="right">733</td></tr> <tr><td>Shared Room</td><td align="right">541</td><td align="right">550</td></tr> <tr><td>SSI – Individual</td><td align="right">721</td><td align="right">733</td></tr> <tr><td>SSI – Couple</td><td align="right">1,082</td><td align="right">1,100</td></tr> </table> | | | | 2014 | 2015 | Medicare Deduction | \$104.90 | \$104.90 | Grant Adjustment | 542.90 | 554.90 (eff March) | SPOUSAL IMPOVERISHMENT | | | Resources | 109,560 | 109,560 | Spousal Income | 2,739 | 2,739 | Family Maintenance | 1,938.75 | 1,966.25 | SLF | 721 | 733 | Shared Room | 541 | 550 | SSI – Individual | 721 | 733 | SSI – Couple | 1,082 | 1,100 |
| | 2014 | 2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicare Deduction | \$104.90 | \$104.90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grant Adjustment | 542.90 | 554.90 (eff March) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPOUSAL IMPOVERISHMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resources | 109,560 | 109,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spousal Income | 2,739 | 2,739 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Maintenance | 1,938.75 | 1,966.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SLF | 721 | 733 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shared Room | 541 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI – Individual | 721 | 733 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI – Couple | 1,082 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(10/01/15)

(WAG 25-03-02) (1)

PROGRAM STANDARDS

GROUP II COUNTIES

| # in unit | SNAP (Effective 10/15) | | | | TANF Payment Levels (11/08) | | FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards) | | | | | | AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/15) | | | | | | |
|--|--|--------------------------------|-----------------------------|----------|-----------------------------|---------------|--|--------------------------|-------------------------------|-----------------------------|--|---------------------------|--|---|-------------------------|-------------------------|--|--|--|
| | MAX Allot. | MAX Gross 130%FPL Non-QM Units | MAX Gross 200% FPL QM Units | *MAX Net | Child only | Adult & child | Family Assist | Family Health Spend-down | Assist Child only (MAGI 4/15) | Share (MAGI 4/15) | FamilyCare and ACA Adults (MAGI 4/15) | Moms & Babies (MAGI 4/15) | SON* | AABD/QMB 100% FPL | SLIB less than 120% FPL | QI-1 less than 135% FPL | | | |
| 1 | 194 | 1276 | 1962 | 981 | 111 | 233 | 233 | 283 | 1442 | 1443 – 1540 | 1354 | - | 667 | 981 | 982 – 1176 | 1177 – 1323 | | | |
| 2 | 357 | 1726 | 2655 | 1328 | 222 | 307 | 307 | 375 | 1951 | 1952 – 2084 | 1832 | 2828 | 873 | 1328 | 1329 - 1592 | 1593 – 1791 | | | |
| 3 | 511 | 2177 | 3348 | 1675 | 277 | 417 | 417 | 508 | 2461 | 2462 – 2628 | 2310 | 3566 | 1184 | 1674 | 1675 –2008 | 2009 – 2259 | | | |
| 4 | 649 | 2628 | 4042 | 2021 | 356 | 461 | 461 | 558 | 2971 | 2972 – 3173 | 2789 | 4304 | 1301 | 2021 | 2022 - 2424 | 2425 – 2727 | | | |
| 5 | 771 | 3078 | 4735 | 2368 | 422 | 540 | 540 | 650 | 3480 | 3481 – 3717 | 3267 | 5043 | 1522 | 2368 | 2369 –2840 | 2841 - 3195 | | | |
| 6 | 925 | 3529 | 5428 | 2715 | 455 | 605 | 605 | 733 | 3990 | 3991 – 4261 | 3746 | 5781 | 1711 | 2714 | 2715 - 3256 | 3257 – 3663 | | | |
| 7 | 1022 | 3980 | 6122 | 3061 | 488 | 638 | 638 | 767 | 4499 | 4500 – 4806 | 4224 | 6520 | 1803 | 3061 | 3062 –3672 | 3673 – 4131 | | | |
| 8 | 1169 | 4430 | 6815 | 3408 | 525 | 673 | 673 | 808 | 5009 | 5010 – 5350 | 4702 | 7258 | 1896 | 3408 | 3409 - 4088 | 4089 – 4599 | | | |
| 9 | 1315 | 4881 | 7508 | 3755 | 562 | 709 | 709 | 850 | 5519 | 5520 – 5894 | 5180 | 7996 | 1995 | 3755 | 3756 - 4504 | 4505 – 5067 | | | |
| 10 | 1461 | 5332 | 8201 | 4102 | 601 | 746 | 746 | 900 | 6029 | 6030 – 6438 | 5658 | 8734 | 2100 | 4102 | 4103 - 4920 | 4921 - 5535 | | | |
| Each add'l | +146 | +451 | +693 | +347 | WAG 25-03-05 | | | +67 | +510 | +544 | +478 | +738 | | +347 | +416 | +468 | | | |
| | SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units. | | | | | | | | Not over 147% FPL | Over 147% not over 157% FPL | Not over 138% FPL | Not over 213% FPL | | AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50 | | | | | |
| | | | | | | | Medical Inc Standards PM 15-06-01 | | | | | | | MSP <u>2014</u> <u>2015</u> 1 person - \$7,160 \$7,280 2 or more- \$10,750 \$10,930 | | | | | |
| STANDARD DEDUCTION (10/15) \$148 - 1-3 people (10/15) \$161 - 4 people (10/15) \$190 - 5 people (10/15) \$219 - 6 or more people (10/15) | | | | | | | MAX. SHELTER DEDUCTION \$504 (10/15) | | | | | | | | | | | | |
| UTILITY STDS (10/15) SUP BY: No QM/QM A/C Heat - \$364 (10/15) 1/5 Limited Utility - \$258 (10/15) 3/7 Single Utility - \$58 (10/15) 4/8 Telephone - \$27 (10/15) 0/9 No Standard 2/6 | | | | | | | DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs | | | | MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly | | | | | | | | |
| Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF | | | | | | | MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10) | | | | Medicare Deduction \$104.90 \$104.90 Grant Adjustment 542.90 554.90 (eff March) | | | SPOUSAL IMPOVERISHMENT Resources 109,560 109,560 Spousal Income 2,739 2,739 Family Maintenance 1,938.75 1,966.25 SLF 721 733 Shared Room 541 550 SSI – Individual 721 733 SSI – Couple 1,082 1,100 | | | | | |

(10/01/15)

(WAG 25-03-02) (2)

PROGRAM STANDARDS

GROUP III COUNTIES

| # in unit | SNAP (Effective 10/15) | | | | TANF Payment Levels (11/08) | | FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards) | | | | | | AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/15) | | | |
|--|--|--------------------------------|-----------------------------|----------|-----------------------------|---------------|---|--------------------------|-------------------------------|-----------------------------|--|---------------------------|--|---|-------------------------|-------------------------|
| | MAX Allot. | MAX Gross 130%FPL Non-QM Units | MAX Gross 200% FPL QM Units | *MAX Net | Child only | Adult & child | Family Assist | Family Health Spend-down | Assist Child only (MAGI 4/15) | Share (MAGI 4/15) | FamilyCare and ACA Adults (MAGI 4/15) | Moms & Babies (MAGI 4/15) | SON* | AABD/QMB 100% FPL | SLIB less than 120% FPL | QI-1 less than 135% FPL |
| 1 | 194 | 1276 | 1962 | 981 | 108 | 198 | 198 | 283 | 1442 | 1443 – 1540 | 1354 | - | 667 | 981 | 982 – 1176 | 1177 – 1323 |
| 2 | 357 | 1726 | 2655 | 1328 | 215 | 294 | 294 | 375 | 1951 | 1952 – 2084 | 1832 | 2828 | 873 | 1328 | 1329 - 1592 | 1593 – 1791 |
| 3 | 511 | 2177 | 3348 | 1675 | 271 | 399 | 399 | 508 | 2461 | 2462 – 2628 | 2310 | 3566 | 1184 | 1674 | 1675 –2008 | 2009 – 2259 |
| 4 | 649 | 2628 | 4042 | 2021 | 346 | 445 | 445 | 558 | 2971 | 2972 – 3173 | 2789 | 4304 | 1301 | 2021 | 2022 - 2424 | 2425 – 2727 |
| 5 | 771 | 3078 | 4735 | 2368 | 411 | 519 | 519 | 650 | 3480 | 3481 – 3717 | 3267 | 5043 | 1522 | 2368 | 2369 –2840 | 2841 - 3195 |
| 6 | 925 | 3529 | 5428 | 2715 | 443 | 585 | 585 | 733 | 3990 | 3991 – 4261 | 3746 | 5781 | 1711 | 2714 | 2715 - 3256 | 3257 – 3663 |
| 7 | 1022 | 3980 | 6122 | 3061 | 474 | 616 | 616 | 767 | 4499 | 4500 – 4806 | 4224 | 6520 | 1803 | 3061 | 3062 –3672 | 3673 – 4131 |
| 8 | 1169 | 4430 | 6815 | 3408 | 509 | 647 | 647 | 808 | 5009 | 5010 – 5350 | 4702 | 7258 | 1896 | 3408 | 3409 - 4088 | 4089 – 4599 |
| 9 | 1315 | 4881 | 7508 | 3755 | 546 | 683 | 683 | 850 | 5519 | 5520 – 5894 | 5180 | 7996 | 1995 | 3755 | 3756 - 4504 | 4505 – 5067 |
| 10 | 1461 | 5332 | 8201 | 4102 | 584 | 718 | 718 | 900 | 6029 | 6030 – 6438 | 5658 | 8734 | 2100 | 4102 | 4103 - 4920 | 4921 - 5535 |
| Each add'l | +146 | +451 | +693 | +347 | WAG 25-03-05 | | | +67 | +510 | +544 | +478 | +738 | | +347 | +416 | +468 |
| | SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units. | | | | | | | | Not over 147% FPL | Over 147% not over 157% FPL | Not over 138% FPL | Not over 213% FPL | | AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50 | | |
| | | | | | | | Medical Inc Standards PM 15-06-01 | | | | | | | MSP 1 person - <u>2014</u> <u>2015</u> 2 or more- \$7,160 \$7,280 \$10,750 \$10,930 | | |
| STANDARD DEDUCTION (10/15) \$148 - 1-3 people (10/15) \$161 - 4 people (10/15) \$190 - 5 people (10/15) \$219 - 6 or more people (10/15) | | | | | | | MAX. SHELTER DEDUCTION \$504 (10/15) | | | | | | | Asset Limits PM 07-02 | | |
| UTILITY STDS (10/15) SUP BY: No QM/QM A/C Heat - \$364 (10/15) 1/5 Limited Utility - \$258 (10/15) 3/7 Single Utility - \$58 (10/15) 4/8 Telephone - \$27 (10/15) 0/9 No Standard 2/6 | | | | | | | MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly | | | | Medicare Deduction \$104.90 Grant Adjustment 542.90 | | | 2014 2015 \$104.90 \$104.90 (eff March) | | |
| Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF | | | | | | | MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10) | | | | SPOUSAL IMPOVERISHMENT Resources 109,560 Spousal Income 2,739 Family Maintenance 1,938.75 SLF 721 Shared Room 541 SSI – Individual 721 SSI – Couple 1,082 | | | 109,560 2,739 1,966.25 733 550 733 1,100 | | |

(10/01/15)

(WAG 25-03-02) (3)

PROGRAM STANDARDS

Form 552 Coding Charts for Family Health Plans

ITEM 78 CODES FOR PERSONS AGE 19 & OVER IN A FHP CASE

| Program | Definition | Item 78 |
|--|---|----------|
| Family Assist | Family income = or less than Family Assist standard | - (dash) |
| Family Care Assist | Income greater than FA standard but less than or = Family Health Spenddown standard | - (dash) |
| | Income greater than Family Health Spenddown standard but = or less than this standard – State insurance not available | A |
| | Income greater than Family Health Spenddown standard but = or less than this standard – State insurance available | F |
| Note: Family Health Spenddown program ended for non-pregnant parents & caretaker relatives effective 01/14 | | |

ITEM 78 CODES FOR PERSONS UNDER AGE 19 & PREGNANT WOMEN IN A FHP CASE

| Program | Definition | Item 78 |
|---------------------------|---|----------|
| Family Assist | N/A | (-), 3 |
| All Kids Assist | Income above FA standard, = or less than 147% of FPL | R |
| Moms & Babies, FamilyCare | Pregnant or Newborn born to Medicaid eligible mother | P |
| | Newborn born to Medicaid eligible mother who doesn't meet the immigration requirement | N |
| Family Health Spenddown | N/A | - (dash) |
| Extended medical | N/A | - (dash) |

ITEM 68 CODES FOR ALL KIDS SHARE AND PREMIUM

| Definition | Item 68 |
|---|----------|
| Uninsured person – so state insurance available | - (dash) |
| Insured person – no state insurance available | 1 |
| Uninsured person – state insurance available | 2 |
| Insured person – state insurance available | 3 |

ITEM 73 FOR ALL KIDS SHARE AND PREMIUM

| Program | Item 73 | Item 80 |
|--|---------|---------|
| Share | Y | 177 |
| Premium | Z | 177 |
| Note: Rebate program ended effective 01/14 | | |

QMB Case Coding

| Program | Item 60 | Program | Item 60 |
|----------------|---------|---------------|---------|
| QMB/Medicaid | 1 | SLIB/Medicaid | 2 |
| QI-1 Spenddown | 3 | QI-1 Only | 7 |
| SLIB Only | 8 | QMB Only | 9 |

(10/01/15)

(WAG 25-03-02) (4)

PROGRAM STANDARDS

| # in unit | AK Premium Level 1 (MAGI 4/15) | AK Premium Level 2 (MAGI 4/15) | HBWD (office #250) (4/15) |
|------------|--|--|------------------------------|
| 1 | \$1,541 - 2,050 | \$2,051 – 3,119 | \$ 3,433 |
| 2 | 2,085 - 2,774 | 2,775 – 4,221 | 4,646 |
| 3 | 2,629 - 3,499 | 3,500 – 5,324 | 5,860 |
| 4 | 3,174 - 4,224 | 4,225 – 6,426 | 7,073 |
| 5 | 3,718 - 4,948 | 4,949 – 7,529 | 8,286 |
| 6 | 4,262 - 5,673 | 5,674 – 8,631 | 9,500 |
| 7 | 4,807 - 6,397 | 6,398 – 9,733 | 10,713 |
| 8 | 5,351 - 7,122 | 7,123 – 10,836 | 11,926 |
| 9 | 5,895 - 7,847 | 7,848 – 11,938 | 13,139 |
| 10 | 6,439 - 8,572 | 8,573 – 13,040 | 14,352 |
| Each add'l | +725 Over 157%, not over 209% FPL | +1,102 Over 209%, not over 318% FPL | +1,213 Up to 350% FPL |

| Program | Office # | Eligibility Determination | Case Maintenance |
|--|----------|---------------------------|------------------|
| IL Breast & Cervical Cancer | 189 | Dept. of Public Health | All Kids Unit |
| HFS Social Services** | 194 | Central Action | HFS |
| DHS Social Services** | 193 | Central Action | DHS |
| Incarcerated Persons** | 195 | All Kids Unit | All Kids Unit |
| Veterans Care | 196 | Veterans Care Unit | V C Unit |
| Health Benefits for Workers with Disabilities | 250 | HBWD Unit | HBWD Unit |
| ** These programs provide limited benefits only and should not be considered active coverage | | | |

FAMILY HEALTH PLANS PREMIUMS AND PHYSICIAN CO-PAYS

| | All Kids/FamilyCare Assist | All Kids Share | All Kids Premium Level 1 | All Kids Premium Level 2 |
|--|--|------------------|--|-----------------------------|
| Co-Pay for Physician Office Visit | \$0 for children; \$3.90 for adults | \$3.90 | \$5 for children | \$15 for children |
| Monthly Premium | None | None | \$15 – 1 child \$25 – 2 children \$5 each additional | \$40 – per child |
| Max Monthly Premium | N/A | N/A | \$40 for 5 or more children | \$80 for 2 or more children |
| Max Co-Payments per Year | N/A | \$100 per family | \$100 per family | \$500 per child |

(10/01/15)

(WAG 25-03-02) (5)