# Child Health Plan PLUS
# **2008 Ability-To-Pay Scale**
## Effective April 1, 2008 to March 31, 2009

Income Ranges for Each Ability-to-Pay Rate (by **MONTH**)

**Enrollment Fee:** 1 Child $25.00
2 or More $35.00

**Co-Pay**: $2.00

**Co-Pay**: $5.00

| Family Size | N | A | B | C | D | E | F- | F+ | G- | G+ | J | K |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 – 347 | 348 – 538 | 539 – 702 | 703 – 867 | 868 – 1,014 | 1,015 – 1,153 | 1,154 – 1,300 | 1,301 – 1,378 | 1,379 – 1,474 | 1,475 – 1,604 | 1,605 – 1,734 | 1,735 – 1,777 |
| 2 | 0 – 467 | 468 – 724 | 725 – 945 | 946 – 1,167 | 1,168 – 1,365 | 1,366 – 1,552 | 1,553 – 1,750 | 1,751 – 1,855 | 1,856 – 1,984 | 1,985 – 2,159 | 2,160 – 2,334 | 2,335 – 2,392 |
| 3 | 0 – 587 | 588 – 910 | 911 – 1,188 | 1,189 – 1,467 | 1,468 – 1,716 | 1,717 – 1,951 | 1,952 – 2,200 | 2,201 – 2,332 | 2,333 – 2,494 | 2,495 – 2,714 | 2,715 – 2,934 | 2,935 – 3,007 |
| 4 | 0 – 707 | 708 – 1,096 | 1,097 – 1,431 | 1,432 – 1,767 | 1,768 – 2,067 | 2,068 – 2,350 | 2,351 – 2,650 | 2,651 – 2,809 | 2,810 – 3,004 | 3,005 – 3,269 | 3,270 – 3,534 | 3,535 – 3,622 |
| 5 | 0 – 827 | 828 – 1,282 | 1,283 – 1,674 | 1,675 – 2,067 | 2,068 – 2,418 | 2,419 – 2,749 | 2,750 – 3,100 | 3,101 – 3,286 | 3,287 – 3,514 | 3,515 – 3,824 | 3,825 – 4,134 | 4,135 – 4,237 |
| 6 | 0 – 947 | 948 – 1,468 | 1,469 – 1,917 | 1,918 – 2,367 | 2,368 – 2,769 | 2,770 – 3,148 | 3,149 – 3,550 | 3,551 – 3,763 | 3,764 – 4,024 | 4,025 – 4,379 | 4,380 – 4,734 | 4,735 – 4,852 |
| 7 | 0 – 1,067 | 1,068 – 1,654 | 1,655 – 2,160 | 2,161 – 2,667 | 2,668 – 3,120 | 3,121 – 3,547 | 3,548 – 4,000 | 4,001 – 4,240 | 4,241 – 4,534 | 4,535 – 4,934 | 4,935 – 5,334 | 5,335 – 5,467 |
| 8 | 0 – 1,187 | 1,188 – 1,840 | 1,841 – 2,403 | 2,404 – 2,967 | 2,968 – 3,471 | 3,472 – 3,946 | 3,947 – 4,450 | 4,451 – 4,717 | 4,718 – 5,044 | 5,045 – 5,489 | 5,490 – 5,934 | 5,935 – 6,082 |
| 9 | 0 – 1,307 | 1,308 – 2,026 | 2,027 – 2,646 | 2,647 – 3,267 | 3,268 – 3,822 | 3,823 – 4,345 | 4,346 – 4,900 | 4,901 – 5,194 | 5,195 – 5,554 | 5,555 – 6,044 | 6,045 – 6,534 | 6,535 – 6,697 |
| 10 | 0 – 1,427 | 1,428 – 2,212 | 2,213 – 2,889 | 2,890 – 3,567 | 3,568 – 4,173 | 4,174 – 4,744 | 4,745 – 5,350 | 5,351 – 5,671 | 5,672 – 6,064 | 6,065 – 6,599 | 6,600 – 7,134 | 7,135 – 7,312 |
| **Poverty Level *** | **40%** | **62%** | **81%** | **100%** | **117%** | **133%** | **150%** | **159%** | **170%** | **185%** | **200%** | **Maximum Income with Disregard** |

* Percent of federal poverty level corresponding to the upper limit of income in each rating level

**NOTE**: No Fees or Co-Pays for Native Americans and Alaskan Natives.

**NOTE**: Letters in Header Rows correspond to the rate codes in CBMS