Medicaid Buy-In Program for Working Adults with Disabilities: Income Chart and Premium Guide

Adult Buy-In Eligibility Overview:
The Medicaid Buy-In Program for Working Adults with Disabilities (Adult Buy-In) is an Adult Medical Assistance program that provides Medicaid benefits for working individuals with disabilities, ages 16 through 64, whose adjusted individual income is at or below 450% of the Federal Poverty Level (FPL).

Eligible individuals receive Medicaid benefits by paying a monthly premium on a sliding scale based on their adjusted income.

Estimation Calculation for Financial Eligibility and Premium Payment:
To qualify financially for the Adult Buy-In, individuals must have an adjusted income at or below 450% FPL. In general, both income from a job and all other sources of income are used to determine eligibility for the Adult Buy-In program; however, about half of your income from a job is excluded in determining eligibility and monthly premium.

The guide below is provided to help estimate income and premium level for the Adult Buy-In program. Please note that there are further income adjustments that may be made at the time of application.

To **estimate** financial eligibility and monthly premium, use the following steps:

A. *Family Size*:
   a. All eligible individuals are a family size of one for the Adult Buy-In. In the following steps, only the individual applicant's information should be used. If more than one person in your home is applying, complete the following steps for each person.

B. *Income Adjustment Information:*
   a. Earned Income (income from a job):
      i. Subtract $65 from the total amount of monthly income from a job before taxes (Earned Income – 65 = *$$*).
      ii. Then, divide the remaining amount by 2 ($$ ÷ 2 = *Estimated Monthly Earned Income*).
   b. Unearned Income (any income received that is not from a job):
      i. Subtract $20 from the total amount of monthly income received that is not from a job ($$ - 20 = *Estimated Monthly Unearned Income*).

C. *Estimate of Total Monthly Income after Income Adjustments*:
   a. Add the estimated monthly earned and unearned incomes from the previous steps (Estimated Monthly Earned Income + Estimated Monthly Unearned Income = *Estimate of Total Monthly Income*).

D. Using your *Estimate of Total Monthly Income*, refer to the Income Chart and Premium Guide below.

Income Chart and Premium Guide					
	Monthly Income After Income Adjustments				
Family Size: 1	$0 - $373	$374 - $1,239	$1,240 - $1,862	$1,863 - $2,794	$2,795 - $4,198
Federal Poverty Level (FPL)	**0% - 40%**	**41% - 133%**	**134% - 200%**	**201% - 300%**	**301% - 450%**
Monthly Premium	**$0**	**$25**	**$90**	**$130**	**$200**

NOTE: This chart is based on 2012 Federal Poverty Level (FPL) guidelines.

Visit the Department Web site at Colorado.gov/hcpf/MedicaidBuyInPrograms for additional information and resources or contact Customer Service with any questions: 303-866-3513 or 1-800-221-3943.

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