Income Chart and Premium Guide for Health First Colorado Buy-In Program for Working Adults with Disabilities

Adult Buy-In Eligibility Overview:
The Health First Colorado Buy-In Program for Working Adults with Disabilities (Adult Buy-In) is an Adult Medical Assistance program that provides Health First Colorado (Colorado’s Medicaid Program) benefits for working individuals with disabilities, ages 16 through 64 based on their gross individual income that is adjusted with applicable disregards. The calculated amount must be at or below $4,684, which is 450% of the Federal Poverty Level (FPL) in 2019. An example is provided below.

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 (disregarded) 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 disregards that may be made at the time of application.

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

A. **Family Size:**
   i. 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:**
   i. **Earned Income** (income from a job):
      a. Subtract $65 from the total amount of monthly income from a job before taxes (Earned Income – 65 = $$).
      b. Then, divide the remaining amount by 2 ($$ ÷ 2 = Estimated Monthly Earned Income).

   ii. **Unearned Income** (any income received that is not from a job):
      a. 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:
   i. 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. Example: In 2019, a person who meets all other qualifications for the Adult Buy-In may have a
gross monthly earned income of $9,453 and qualify. After adjustments are applied to a gross
monthly earned income of $9,453, the countable income is $4,684 which meets eligibility
requirements. Additional income may also be disregarded.

E. Applicants should always complete the Health First Colorado application to find out if their
income qualifies for the Adult Buy-In.

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

**Income Chart and Premium Guide**

<table>
<thead>
<tr>
<th>Monthly Income After Income Adjustments</th>
<th>Family Size: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0 - $417</td>
</tr>
<tr>
<td></td>
<td>$418 - $1,385</td>
</tr>
<tr>
<td></td>
<td>$1,386- $2,082</td>
</tr>
<tr>
<td></td>
<td>$2,083 - $3,123</td>
</tr>
<tr>
<td></td>
<td>$3,124 - $4,684</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Poverty Level (FPL)</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% - 40%</td>
<td>$0</td>
</tr>
<tr>
<td>41% - 133%</td>
<td>$25</td>
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<tr>
<td>134% - 200%</td>
<td>$90</td>
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<tr>
<td>201% - 300%</td>
<td>$130</td>
</tr>
<tr>
<td>301% - 450%</td>
<td>$200</td>
</tr>
</tbody>
</table>

**NOTE:** This chart is based on 2019 Federal Poverty Level (FPL) guidelines.

**Additional Information and Resources**

- Department of Health Care Policy and Financing Buy-In Programs website at:
  [www.colorado.gov/hcpf/MedicaidBuyInPrograms](http://www.colorado.gov/hcpf/MedicaidBuyInPrograms)

**Questions?**

- Contact your local county Human/Social Services Department, or
- **Customer Contact Center**: Toll Free: 1-800-221-3943