



**COLORADO**  
Department of Health Care  
Policy & Financing

## CHILD HEALTH PLAN *PLUS* Monthly Maximum Income Guidelines Effective April 1, 2024

Poverty Level	143-156% F-	157-159% F+	160-170% G-	171-185% G+	186-200% J	201-213% K	214-225% L	226-235% M	236-260% O
<b>Family Size</b>									
1	1783 - 1958	1959 - 1995	1996 - 2134	2135 - 2322	2323 - 2510	2511 - 2673	2674 - 2824	2825 - 2949	2950 - 3263
2	2420 - 2657	2658 - 2708	2709 - 2896	2897 - 3151	3152 - 3407	3408 - 3628	3629 - 3833	3834 - 4003	4004 - 4429
3	3056 - 3357	3358 - 3421	3422 - 3658	3659 - 3981	3982 - 4303	4304 - 4583	4584 - 4841	4842 - 5056	5057 - 5594
4	3693 - 4056	4057 - 4134	4135 - 4420	4421 - 4810	4811 - 5200	5201 - 5538	5539 - 5850	5851 - 6110	6111 - 6760
5	4330 - 4755	4756 - 4847	4848 - 5182	5183 - 5639	5640 - 6097	6098 - 6493	6494 - 6859	6860 - 7164	7165 - 7926
6	4966 - 5455	5456 - 5560	5561 - 5944	5945 - 6469	6470 - 6993	6994 - 7448	7449 - 7868	7869 - 8217	8218 - 9091
7	5603 - 6154	6155 - 6273	6274 - 6707	6708 - 7298	7299 - 7890	7891 - 8403	8404 - 8876	8877 - 9271	9272 - 10257
8	6240 - 6854	6855 - 6985	6986 - 7469	7470 - 8128	8129 - 8787	8788 - 9358	9359 - 9885	9886 - 10324	10325 - 11423
9	6876 - 7553	7554 - 7698	7699 - 8231	8232 - 8957	8958 - 9683	9684 - 10313	10314 - 10894	10895 - 11378	11379 - 12588
10	7513 - 8252	8253 - 8411	8412 - 8993	8994 - 9787	9788 - 10580	10581 - 11268	11269 - 11903	11904 - 12432	12433 - 13754

- Letters correspond to the rating codes in CBMS
- Co-payments may apply
- No co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.
- Enrollment fees are no longer required for applications and renewals received after 07/01/2022.
- Effective 1/01/2024 to 12/31/2024 Tax Filing Thresholds for a Tax Dependent or Child: Earned Income \$14,600 and Unearned Income \$1,300

Our mission is improving health care equity, access and outcomes for the people we serve  
while saving Coloradans money on health care and driving value for Colorado.  
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