



CHILD HEALTH PLAN *PLUS*

Monthly Maximum Income Guidelines

Effective April 1, 2014

Enrollment Fee: 1 Child \$25.00 2 or More \$35.00	Enrollment Fee: 1 Child \$75.00 2 or More \$105.00
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Poverty Level	143-156%	157-159%	160-170%	171-185%	186-200%	201-213%	214-225%	226-235%	236-260%
Family Size	F-	F+	G-	G+	J	K	L	M	O
1	1,382 – 1,518	1,519 – 1,547	1,548 – 1,654	1,655 – 1,800	1,801 – 1,945	1,946 – 2,072	2,073– 2,189	2,190 – 2,286	2,287 – 2,529
2	1,863 – 2,045	2,046– 2,085	2,086 – 2,229	2,230 – 2,426	2,427 – 2,622	2,623 – 2,793	2,794 – 2,950	2,951 – 3,081	3,082 – 3,409
3	2,343 – 2,573	2,574 – 2,623	2,624 – 2,804	2,805 – 3,051	3,052 – 3,299	3,300 – 3,513	3,514 – 3,711	3,712 – 3,876	3,8277– 4,288
4	2,824 – 3,101	3,102 – 3,161	3,162 – 3,379	3,380 – 3,677	3,678 – 3,975	3,976 – 4,234	4,235 – 4,472	4,473– 4,671	4,672 – 5,168
5	3,304 – 3,629	3,630 – 3,699	3,700 – 3,954	3,955 – 4,303	4,304 – 4,652	4,653 – 4,955	4,956– 5,234	5,235 – 5,466	5,467 – 6,048
6	3,785 – 4,157	4,158 – 4,237	4,238 – 4,530	4,531 – 4,929	4,930 – 5,329	5,330 – 5,675	5,676 – 5,995	5,996 – 6,261	6,262 – 6,927
7	4,265 – 4,684	4,685 – 4,774	4,775 – 5,105	5,106 – 5,555	5,556 – 6,005	6,006 – 6,396	6,397 – 6,756	6,757 – 7,056	7,057 – 7,807
8	4,745 – 5,212	5,213 – 5,312	5,313 – 5,680	5,681– 6,181	6,182 – 6,682	6,683 – 7,116	7,117 – 7,517	7,518 – 7,851	7,852 – 8,687
9	5,226 – 5,740	5,741 – 5,850	5,851 – 6,255	6,256 – 6,807	6,808 – 7,359	7,360 – 7,837	7,838 – 8,279	8,280 – 8,647	8,648 – 9,566
10	5,706 – 6,268	6,269 – 6,388	6,389 – 6,830	6,831 – 7,433	7,434 – 8,035	8,036 – 8,558	8,559 – 9,040	9,041 – 9,442	9,443 – 10,446

- Percent of Federal Poverty Level corresponds to the upper limit of income in each rating level
- No enrollment fee or co-pays for Native Americans and Alaska Natives
- Co-pays may apply
- No enrollment fee for pregnant women and her household
- Letters in Header Rows correspond to the rate codes in CBMS

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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