



COLORADO
 Department of Health Care
 Policy & Financing

CHILD HEALTH PLAN PLUS
Monthly Maximum Income Guidelines
Effective April 1, 2021

		Enrollment Fee: 1 Child \$25.00 2 or More \$35.00					Enrollment Fee: 1 Child \$75.00 2 or More \$105.00			
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	
Family Size										
1	1526 - 1675	1676 - 1707	1708 - 1825	1826 - 1986	1987 - 2147	2148 - 2287	2288 - 2415	2416 - 2523	2524 - 2791	
2	2063 - 2265	2266 - 2309	2310 - 2468	2469 - 2686	2687 - 2904	2905 - 3093	3094 - 3267	3268 - 3412	3413 - 3775	
3	2600 - 2855	2856 - 2910	2911 - 3111	3112 - 3386	3387 - 3660	3661 - 3898	3899 - 4118	4119 - 4301	4302 - 4759	
4	3137 - 3445	3446 - 3512	3513 - 3755	3756 - 4086	4087 - 4417	4418 - 4704	4705 - 4969	4970 - 5190	5191 - 5742	
5	3675 - 4036	4037 - 4113	4114 - 4398	4399 - 4786	4787 - 5174	5175 - 5510	5511 - 5820	5821 - 6079	6080 - 6726	
6	4212 - 4626	4627 - 4715	4716 - 5041	5042 - 5486	5487 - 5930	5931 - 6316	6317 - 6672	6673 - 6968	6969 - 7709	
7	4749 - 5216	5217 - 5316	5317 - 5684	5685 - 6186	6187 - 6687	6688 - 7122	7123 - 7523	7524 - 7857	7858 - 8693	
8	5286 - 5806	5807 - 5918	5919 - 6327	6328 - 6886	6887 - 7444	7445 - 7928	7929 - 8374	8375 - 8746	8747 - 9677	
9	5823 - 6396	6397 - 6519	6520 - 6970	6971 - 7585	7586 - 8200	8201 - 8733	8734 - 9225	9226 - 9635	9636 - 10660	
10	6361 - 6987	6988 - 7121	7122 - 7614	7615 - 8285	8286 - 8957	8958 - 9539	9540 - 10077	10078 - 10525	10526 - 11644	

- Letters correspond to the rating codes in CBMS
- Co-payments may apply
- No enrollment fee or co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household
- Effective 1/1/2021 to 12/31/2021 Tax Filing Thresholds for a Tax Dependent or Child: Earned Income \$12,550 and Unearned Income \$1,100

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

