



COLORADO
Department of Health Care
Policy & Financing

CHILD HEALTH PLAN *PLUS* Monthly Maximum Income Guidelines Effective April 1, 2023

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	1726 - 1895	1896 - 1932	1933 - 2066	2067 - 2248	2249 - 2430	2431 - 2588	2589 - 2734	2735 - 2855	2856 - 3159
2	2335 - 2564	2565 - 2613	2614 - 2794	2795 - 3040	3041 - 3287	3288 - 3500	3501 - 3698	3699 - 3862	3863 - 4273
3	2943 - 3232	3233 - 3294	3295 - 3522	3523 - 3833	3834 - 4143	4144 - 4413	4414 - 4661	4662 - 4868	4869 - 5386
4	3551 - 3900	3901 - 3975	3976 - 4250	4251 - 4625	4626 - 5000	5001 - 5325	5326 - 5625	5626 - 5875	5876 - 6500
5	4159 - 4568	4569 - 4656	4657 - 4978	4979 - 5417	5418 - 5857	5858 - 6237	6238 - 6589	6590 - 6882	6883 - 7614
6	4767 - 5236	5237 - 5337	5338 - 5706	5707 - 6210	6211 - 6713	6714 - 7150	7151 - 7553	7554 - 7888	7889 - 8727
7	5376 - 5905	5906 - 6018	6019 - 6435	6436 - 7002	7003 - 7570	7571 - 8062	8063 - 8516	8517 - 8895	8896 - 9841
8	5984 - 6573	6674 - 6699	6700 - 7163	7164 - 7795	7796 - 8427	8428 - 8974	8975 - 9480	9481 - 9901	9902 - 10955
9	6592 - 7241	7242 - 7380	7381 - 7891	7892 - 8587	8588 - 9283	9284 - 9887	9888 - 10444	10445 - 10908	10909 - 12068
10	7200 - 7909	7910 - 8061	8062 - 8619	8620 - 9380	9381 - 10140	10141 - 10799	10800 - 11408	11409 - 11915	11916 - 13182

- 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 1/1/2023 to 12/31/2023 Tax Filing Thresholds for a Tax Dependent or Child: Earned Income \$13,850 and Unearned Income \$1,250

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.
hcpf.colorado.gov

