



## CHILD HEALTH PLAN *PLUS* Monthly Maximum Income Guidelines Effective April 1, 2025

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	1853 - 2035	2036 - 2074	2075 - 2218	2219 - 2413	2414 - 2609	2610 - 2778	2779 - 2935	2936 - 3065	3066 - 3391
2	2504 - 2750	2751 - 2803	2804 - 2997	2998 - 3261	3262 - 3525	3526 - 3755	3756 - 3966	3967 - 4142	4143 - 4583
3	3155 - 3465	3466 - 3532	3533 - 3776	3777 - 4109	4110 - 4442	4443 - 4731	4732- 4997	4998 - 5219	5220 - 5775
4	3806 - 4180	4181 - 4260	4261 - 4555	4556 - 4957	4958 - 5359	5360 - 5707	5708 - 6029	6030 - 6297	6298 - 6966
5	4457- 4895	4896 - 4989	4990 - 5334	5335 - 5805	5806 - 6275	6276 - 6683	6684 - 7060	7061 - 7374	7375 - 8158
6	5108 - 5610	5611 - 5718	5719 - 6113	6114 - 6653	6654 - 7192	7193 - 7660	7661 - 8091	8092 - 8451	8452 - 9350
7	5758 - 6325	6326 - 6447	6448 - 6893	6894 - 7501	7502 - 8109	8110 - 8636	8637 - 9122	9123 - 9528	9529 - 10541
8	6409 - 7040	7041 - 7175	7176 - 7672	7673 - 8349	8350 - 9025	9026 - 9612	9613 - 10154	10155 - 10605	10606 - 11733
9	7060 - 7755	7756 - 7904	7905 - 8451	8452 - 9197	9198 - 9942	9943 - 10588	10589 - 11185	11186 - 11682	11683 - 12925
10	7711- 8470	8471 - 8633	8634 - 9230	9231 - 10044	10045 - 10859	10860 - 11565	11566 - 12216	12217 - 12759	12760 - 14116

- 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 1/01/2025 to 12/31/2025 Tax Filing Thresholds for a Tax Dependent or Child: Earned Income \$15,000 and Unearned Income \$1,350

