



COLORADO
 Department of Health Care
 Policy & Financing

CHILD HEALTH PLAN PLUS
Monthly Maximum Income Guidelines
Effective July 1, 2022

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	1610 - 1767	1768 - 1801	1802- 1926	1927 - 2096	2097 - 2265	2266 - 2413	2414 - 2549	2550 - 2662	2663 - 2945
2	2168 - 2381	2382 - 2427	2428 - 2594	2595 - 2823	2824 - 3052	3053 - 3251	3252 - 3434	3435 - 3586	3587 - 3968
3	2727 - 2994	2995 - 3052	3053 - 3263	3264 - 3551	3552 - 3839	3840 - 4088	4089 - 4319	4320 - 4511	4512 - 4990
4	3285 - 3608	3609 - 3677	3678 - 3932	3933 - 4279	4280 - 4625	4626 - 4926	4927 - 5204	5205 - 5435	5436 - 6013
5	3844 - 4222	4223 - 4303	4304 - 4600	4601 - 5006	5007 - 5412	5413 - 5764	5765 - 6089	6090 - 6359	6360 - 7036
6	4402 - 4835	4836 - 4928	4929 - 5269	5270 - 5734	5735 - 6199	6200 - 6602	6603 - 6974	6975 - 7284	7285 - 8058
7	4961 - 5449	5450 - 5554	5555 - 5938	5939 - 6462	6463 - 6985	6986 - 7440	7441 - 7859	7860 - 8208	8209 - 9081
8	5519 - 6062	6063 - 6179	6180 - 6606	6607 - 7189	7190 - 7772	7773 - 8277	8278 - 8744	8745 - 9132	9133 - 10104
9	6078 - 6676	6677 - 6804	6805 - 7275	7276 - 7917	7918 - 8559	8560 - 9115	9116 - 9629	9630 - 10057	10058 - 11126
10	6636 - 7290	7291 - 7430	7431 - 7944	7945 - 8645	8646 - 9345	9346 - 9953	9954 - 10514	10515 - 10981	10982 - 12149

- 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 1/1/2022 to 12/31/2022 Tax Filing Thresholds for a Tax Dependent or Child: Earned Income \$12,950 and Unearned Income \$1,150

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

