



MinnesotaCare Premium Table
Family Size 1 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program.
The premium calculation performed by the system is the official calculation.

Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
\$0.00	\$46.69	\$4	X	X
46.70	93.39	4	X	X
93.40	140.09	4	X	X
140.10	186.79	4	X	X
186.80	233.49	4	X	X
233.50	280.19	4	X	X
280.20	326.89	5	X	X
326.90	373.59	5	X	X
373.60	420.29	6	X	X
420.30	467.00	7	X	X
467.01	487.84	9	X	X
487.85	508.68	9	X	X
508.69	529.51	9	X	X
529.52	550.35	10	X	X
550.36	571.19	10	X	X
571.20	592.03	10	X	X
592.04	612.86	11	X	X
612.87	633.70	11	X	X
633.71	654.54	12	X	X
654.55	675.38	12	X	X
675.39	696.21	16	X	X
696.22	717.05	16	X	X
717.06	737.89	17	X	X
737.90	758.73	17	X	X
758.74	776.00	18	X	X
776.01	800.40	22	X	X
800.41	821.24	23	X	X
821.25	842.08	23	X	X
842.09	862.91	24	X	X
862.92	883.75	24	X	X
883.76	904.59	32	X	X
904.60	925.43	33	X	X
925.44	946.26	34	X	X
946.27	967.10	34	X	X
967.11	987.94	35	X	X
987.95	1,008.78	36	X	X
1,008.79	1,029.61	37	X	X
1,029.62	1,050.45	37	X	X
1,050.46	1,071.29	38	X	X

MinnesotaCare Premium Table

Family Size 1 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
1,071.30	1,092.13	39	X	X
1,092.14	1,112.96	47	X	X
1,112.97	1,133.80	48	X	X
1,133.81	1,154.64	49	X	X
1,154.65	1,175.48	50	X	X
1,175.49	1,196.31	51	X	X
1,196.32	1,217.15	52	X	X
1,217.16	1,237.99	53	X	X
1,238.00	1,258.83	54	X	X
1,258.84	1,279.66	55	X	X
1,279.67	1,300.50	55	X	X
1,300.51	1,321.34	69	X	X
1,321.35	1,342.18	71	X	X
1,342.19	1,363.01	72	X	X
1,363.02	1,383.85	73	X	X
1,383.86	1,404.69	74	X	X
1,404.70	1,425.53	75	X	X
1,425.54	1,446.36	76	X	X
1,446.37	1,467.20	77	X	X
1,467.21	1,488.04	78	X	X
1,488.05	1,508.88	79	X	X
1,508.89	1,529.71	97	X	X
1,529.72	1,550.55	99	X	X
1,550.56	1,552.00	99	X	X
1,552.01	1,592.23	108	X	X
1,592.24	1,613.06	111	X	X
1,613.07	1,633.90	112	X	X
1,633.91	1,654.74	113	X	X
1,654.75	1,675.58	115	X	X
1,675.59	1,696.41	116	X	X
1,696.42	1,717.25	118	X	X
1,717.26	1,738.09	145	X	X
1,738.10	1,758.93	147	X	X
1,758.94	1,779.76	149	X	X
1,779.77	1,800.60	150	X	X
1,800.61	1,821.44	152	X	X
1,821.45	1,842.28	154	X	X
1,842.29	1,863.11	156	X	X
1,863.12	1,883.95	157	X	X

MinnesotaCare Premium Table
Family Size 1 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
1,883.96	1,904.79	159	X	X
1,904.80	1,925.63	161	X	X
1,925.64	1,946.46	190	X	X
1,946.47	1,967.30	192	X	X
1,967.31	1,988.14	194	X	X
1,988.15	2,008.98	196	X	X
2,008.99	2,029.81	198	X	X
2,029.82	2,050.65	200	X	X
2,050.66	2,071.49	202	X	X
2,071.50	2,092.33	204	X	X
2,092.34	2,113.16	206	X	X
2,113.17	2,134.00	208	X	X
2,134.01	2,134.01 and above are not eligible			
Some current enrollees, whose income exceeds the limit, may continue coverage for a period of time by paying the maximum premium:		318		
* These tables do not adequately deal with cases which include children with a \$4 premium. Use the tables to calculate the adult premium required in these cases. For example, to approximate the premium for a 3-person family (1 adult and 2 children with a \$4 premium), calculate the adult premium and add the \$4 premium per child.				

MinnesotaCare Premium Table
Family Size 2 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
\$0.00	\$58.29	\$4	\$8	X
58.30	116.59	4	8	X
116.60	174.89	4	8	X
174.90	233.19	4	8	X
233.20	291.49	4	8	X
291.50	349.79	4	8	X
349.80	408.09	4	8	X
408.10	466.39	4	8	X
466.40	524.69	4	8	X
524.70	583.00	4	8	X
583.01	611.50	5	11	X
611.51	640.00	6	11	X
640.01	668.50	6	12	X
668.51	697.00	6	12	X
697.01	725.50	6	13	X
725.51	754.00	7	13	X
754.01	782.50	7	14	X
782.51	811.00	7	14	X
811.01	839.50	7	15	X
839.51	868.00	8	15	X
868.01	896.50	10	20	X
896.51	925.00	10	21	X
925.01	953.50	11	22	X
953.51	982.00	11	22	X
982.01	1,010.50	11	23	X
1,010.51	1,039.00	12	24	X
1,039.01	1,041.00	12	24	X
1,041.01	1,096.00	15	30	X
1,096.01	1,124.50	16	31	X
1,124.51	1,153.00	16	32	X
1,153.01	1,181.50	21	42	X
1,181.51	1,210.00	22	43	X
1,210.01	1,238.50	22	44	X
1,238.51	1,267.00	23	45	X
1,267.01	1,295.50	23	46	X
1,295.51	1,324.00	24	47	X
1,324.01	1,352.50	24	48	X
1,352.51	1,381.00	25	49	X
1,381.01	1,409.50	25	50	X

MinnesotaCare Premium Table
Family Size 2 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
1,409.51	1,438.00	26	51	X
1,438.01	1,466.50	31	62	X
1,466.51	1,495.00	32	64	X
1,495.01	1,523.50	32	65	X
1,523.51	1,552.00	33	66	X
1,552.01	1,580.50	34	67	X
1,580.51	1,609.00	34	69	X
1,609.01	1,637.50	35	70	X
1,637.51	1,666.00	36	71	X
1,666.01	1,694.50	36	72	X
1,694.51	1,723.00	37	73	X
1,723.01	1,751.50	46	92	X
1,751.51	1,780.00	47	94	X
1,780.01	1,808.50	48	95	X
1,808.51	1,837.00	48	97	X
1,837.01	1,865.50	49	98	X
1,865.51	1,894.00	50	100	X
1,894.01	1,922.50	51	101	X
1,922.51	1,951.00	51	103	X
1,951.01	1,979.50	52	104	X
1,979.51	2,008.00	53	106	X
2,008.01	2,036.50	65	129	X
2,036.51	2,065.00	66	131	X
2,065.01	2,082.00	66	133	X
2,082.01	2,122.00	73	145	X
2,122.01	2,150.50	74	147	X
2,150.51	2,179.00	75	149	X
2,179.01	2,207.50	76	151	X
2,207.51	2,236.00	77	153	X
2,236.01	2,264.50	78	155	X
2,264.51	2,293.00	79	157	X
2,293.01	2,321.50	97	194	X
2,321.51	2,350.00	98	196	X
2,350.01	2,378.50	99	199	X
2,378.51	2,407.00	100	201	X
2,407.01	2,435.50	102	203	X
2,435.51	2,464.00	103	206	X
2,464.01	2,492.50	104	208	X
2,492.51	2,521.00	105	211	X

MinnesotaCare Premium Table
Family Size 2 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
2,521.01	2,549.50	106	213	X
2,549.51	2,578.00	108	215	X
2,578.01	2,606.50	127	254	X
2,606.51	2,635.00	128	257	X
2,635.01	2,663.50	130	260	X
2,663.51	2,692.00	131	262	X
2,692.01	2,720.50	133	265	X
2,720.51	2,749.00	134	268	X
2,749.01	2,777.50	135	271	X
2,777.51	2,806.00	137	274	X
2,806.01	2,834.50	138	276	X
2,834.51	2,863.00	140	279	X
2,863.01	2,863.01 and above are not eligible			
Some current enrollees, whose income exceeds the limit, may continue coverage for a period of time by paying the maximum premium:		318	636	
* These tables do not adequately deal with cases which include children with a \$4 premium. Use the tables to calculate the adult premium required in these cases. For example, to approximate the premium for a 3-person family (1 adult and 2 children with a \$4 premium), calculate the adult premium and add the \$4 premium per child.				

MinnesotaCare Premium Table

Family Size 3 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
\$0.00	\$70.89	\$4	\$8	\$12
70.90	141.79	4	8	12
141.80	212.69	4	8	12
212.70	283.59	4	8	12
283.60	354.49	4	8	12
354.50	425.39	4	8	12
425.40	496.29	4	8	12
496.30	567.19	4	8	12
567.20	638.09	4	8	12
638.10	709.00	4	8	12
709.01	745.04	4	9	13
745.05	781.08	5	9	14
781.09	817.11	5	10	14
817.12	853.15	5	10	15
853.16	889.19	5	10	16
889.20	925.23	5	11	16
925.24	961.26	6	11	17
961.27	997.30	6	12	18
997.31	1,033.34	6	12	18
1,033.35	1,069.38	6	13	19
1,069.39	1,105.41	8	17	25
1,105.42	1,141.45	9	17	26
1,141.46	1,177.49	9	18	27
1,177.50	1,213.53	9	18	27
1,213.54	1,249.56	9	19	28
1,249.57	1,285.60	10	19	29
1,285.61	1,306.00	10	20	30
1,306.01	1,357.68	12	25	37
1,357.69	1,393.71	13	26	39
1,393.72	1,429.75	13	26	40
1,429.76	1,465.79	17	35	52
1,465.80	1,501.83	18	36	53
1,501.84	1,537.86	18	36	55
1,537.87	1,573.90	19	37	56
1,573.91	1,609.94	19	38	57
1,609.95	1,645.98	20	39	59
1,645.99	1,682.01	20	40	60
1,682.02	1,718.05	20	41	61
1,718.06	1,754.09	21	42	62

MinnesotaCare Premium Table
Family Size 3 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program.
The premium calculation performed by the system is the official calculation.

Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
1,754.10	1,790.14	21	43	64
1,790.15	1,826.17	26	52	78
1,826.18	1,862.21	26	53	79
1,862.22	1,898.25	27	54	81
1,898.26	1,934.29	27	55	82
1,934.30	1,970.32	28	56	84
1,970.33	2,006.36	28	57	85
2,006.37	2,042.40	29	58	87
2,042.41	2,078.44	30	59	89
2,078.45	2,114.47	30	60	90
2,114.48	2,150.50	31	61	92
2,150.51	2,186.54	38	77	115
2,186.55	2,222.58	39	78	117
2,222.59	2,258.61	40	79	119
2,258.62	2,294.65	40	80	121
2,294.66	2,330.69	41	82	123
2,330.70	2,366.73	41	83	124
2,366.74	2,402.76	42	84	126
2,402.77	2,438.80	43	86	128
2,438.81	2,474.84	43	87	130
2,474.85	2,510.89	44	88	132
2,510.90	2,546.92	54	108	162
2,546.93	2,582.96	55	109	164
2,582.97	2,612.00	55	111	166
2,612.01	2,655.04	61	121	182
2,655.05	2,691.07	61	123	184
2,691.08	2,727.11	62	125	187
2,727.12	2,763.15	63	126	189
2,763.16	2,799.19	64	128	192
2,799.20	2,835.22	65	130	194
2,835.23	2,871.25	66	131	197
2,871.26	2,907.29	81	162	243
2,907.30	2,943.33	82	164	246
2,943.34	2,979.36	83	166	249
2,979.37	3,015.40	84	168	252
3,015.41	3,051.44	85	170	255
3,051.45	3,087.48	86	172	258
3,087.49	3,123.51	87	174	261
3,123.52	3,159.55	88	176	264

MinnesotaCare Premium Table

Family Size 3 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
3,159.56	3,195.59	89	178	267
3,195.60	3,231.64	90	180	270
3,231.65	3,267.67	106	212	318
3,267.68	3,303.71	107	215	322
3,303.72	3,339.75	109	217	326
3,339.76	3,375.79	110	219	329
3,375.80	3,411.82	111	222	333
3,411.83	3,447.86	112	224	336
3,447.87	3,483.90	113	226	340
3,483.91	3,519.94	114	229	343
3,519.95	3,555.97	116	231	347
3,555.98	3,592.00	117	234	350
3,592.01	3,592.01 and above are not eligible			
Some current enrollees, whose income exceeds the limit, may continue coverage for a period of time by paying the maximum premium:		318	636	954
* These tables do not adequately deal with cases which include children with a \$4 premium. Use the tables to calculate the adult premium required in these cases. For example, to approximate the premium for a 3-person family (1 adult and 2 children children with a \$4 premium), calculate the adult premium and add the \$4 premium per child.				

MinnesotaCare Premium Table

Family Size 4 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3+ People Covered
\$0.00	\$82.79	\$4	\$8	\$12
82.80	165.59	4	8	12
165.60	248.39	4	8	12
248.40	331.19	4	8	12
331.20	413.99	4	8	12
414.00	496.79	4	8	12
496.80	579.59	4	8	12
579.60	662.39	4	8	12
662.40	745.19	4	8	12
745.20	828.00	4	8	12
828.01	871.66	5	10	15
871.67	915.33	5	11	16
915.34	958.99	6	11	17
959.00	1,002.65	6	12	18
1,002.66	1,046.31	6	12	18
1,046.32	1,089.98	6	13	19
1,089.99	1,133.64	7	13	20
1,133.65	1,177.30	7	14	21
1,177.31	1,220.96	7	14	22
1,220.97	1,264.63	7	15	22
1,264.64	1,308.29	10	20	30
1,308.30	1,351.95	10	20	31
1,351.96	1,395.61	11	21	32
1,395.62	1,439.28	11	22	33
1,439.29	1,482.94	11	22	34
1,482.95	1,526.60	12	23	35
1,526.61	1,570.26	12	24	36
1,570.27	1,571.00	12	24	36
1,571.01	1,657.59	15	30	45
1,657.60	1,701.25	16	31	47
1,701.26	1,744.91	21	41	62
1,744.92	1,788.58	21	42	64
1,788.59	1,832.24	22	43	65
1,832.25	1,875.90	22	44	67
1,875.91	1,919.56	23	46	68
1,919.57	1,963.23	23	47	70
1,963.24	2,006.89	24	48	71
2,006.90	2,050.55	24	49	73
2,050.56	2,094.21	25	50	75

MinnesotaCare Premium Table
Family Size 4 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.

Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3+ People Covered
2,094.22	2,137.89	25	51	76
2,137.90	2,181.55	31	62	93
2,181.56	2,225.21	32	63	95
2,225.22	2,268.87	32	64	97
2,268.88	2,312.54	33	66	99
2,312.55	2,356.20	33	67	100
2,356.21	2,399.86	34	68	102
2,399.87	2,443.52	35	69	104
2,443.53	2,487.19	35	71	106
2,487.20	2,530.85	36	72	108
2,530.86	2,574.50	37	73	110
2,574.51	2,618.16	46	92	138
2,618.17	2,661.83	47	93	140
2,661.84	2,705.49	47	95	142
2,705.50	2,749.15	48	96	145
2,749.16	2,792.81	49	98	147
2,792.82	2,836.48	50	99	149
2,836.49	2,880.14	50	101	151
2,880.15	2,923.80	51	103	154
2,923.81	2,967.46	52	104	156
2,967.47	3,011.14	53	106	158
3,011.15	3,054.80	65	129	194
3,054.81	3,098.46	66	131	197
3,098.47	3,142.00	67	133	200
3,142.01	3,185.79	73	146	218
3,185.80	3,229.45	74	148	221
3,229.46	3,273.11	75	150	224
3,273.12	3,316.77	76	152	227
3,316.78	3,360.44	77	154	230
3,360.45	3,404.10	78	156	233
3,404.11	3,447.75	79	158	236
3,447.76	3,491.41	97	194	291
3,491.42	3,535.08	98	197	295
3,535.09	3,578.74	100	199	299
3,578.75	3,622.40	101	202	302
3,622.41	3,666.06	102	204	306
3,666.07	3,709.73	103	207	310
3,709.74	3,753.39	104	209	313
3,753.40	3,797.05	106	211	317

MinnesotaCare Premium Table
Family Size 4 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3+ People Covered
3,797.06	3,840.71	107	214	321
3,840.72	3,884.39	108	216	324
3,884.40	3,928.05	128	255	383
3,928.06	3,971.71	129	258	387
3,971.72	4,015.37	130	261	391
4,015.38	4,059.03	132	264	396
4,059.05	4,102.70	133	267	400
4,102.71	4,146.36	135	269	404
4,146.37	4,190.02	136	272	408
4,190.03	4,233.69	138	275	413
4,233.70	4,277.35	139	278	417
4,277.36	4,321.00	140	281	421
4,321.01	4,321.01 and above are not eligible			
Some current enrollees, whose income exceeds the limit, may continue coverage for a period of time by paying the maximum premium:		318	636	954
* These tables do not adequately deal with cases which include children with a \$4 premium. Use the tables to calculate the adult premium required in these cases. For example, to approximate the premium for a 3-person family (1 adult and 2 children with a \$4 premium), calculate the adult premium and add the \$4 premium per child.				

MinnesotaCare Premium Table
Family Size 5 ~ 7/1/04 - 6/30/05

These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
\$0.00	\$92.89	\$4	\$8	\$12
92.90	185.79	4	8	12
185.80	278.69	4	8	12
278.70	371.59	4	8	12
371.60	464.49	4	8	12
464.50	557.39	4	8	12
557.40	650.29	4	8	12
650.30	743.19	4	8	12
743.20	836.09	4	8	12
836.10	929.00	4	9	13
929.01	980.51	6	11	17
980.52	1,032.03	6	12	18
1,032.04	1,083.54	6	13	19
1,083.55	1,135.05	7	13	20
1,135.06	1,186.56	7	14	21
1,186.57	1,238.08	7	15	22
1,238.09	1,289.59	8	15	23
1,289.60	1,341.10	8	16	24
1,341.11	1,392.61	8	16	25
1,392.62	1,444.13	9	17	26
1,444.14	1,495.64	11	23	34
1,495.65	1,547.15	12	23	35
1,547.16	1,598.66	12	24	36
1,598.67	1,650.18	12	25	37
1,650.19	1,701.69	13	26	39
1,701.70	1,753.20	13	26	40
1,753.21	1,804.71	14	27	41
1,804.72	1,836.00	14	28	42
1,836.01	1,907.74	17	35	52
1,907.75	1,959.25	18	36	54
1,959.26	2,010.76	24	48	71
2,010.77	2,062.28	24	49	73
2,062.29	2,113.79	25	50	75
2,113.80	2,165.30	26	51	77
2,165.31	2,216.81	26	53	79
2,216.82	2,268.33	27	54	81
2,268.34	2,319.84	28	55	83
2,319.85	2,371.35	28	56	84
2,371.36	2,422.86	29	58	86

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Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
2,422.87	2,474.38	29	59	88
2,474.39	2,525.89	36	72	108
2,525.90	2,577.40	37	73	110
2,577.41	2,628.91	37	75	112
2,628.92	2,680.43	38	76	114
2,680.44	2,731.94	39	78	116
2,731.95	2,783.45	40	79	119
2,783.46	2,834.96	40	81	121
2,834.97	2,886.48	41	82	123
2,886.49	2,937.99	42	83	125
2,938.00	2,989.50	42	85	127
2,989.51	3,041.01	53	107	160
3,041.02	3,092.53	54	108	163
3,092.54	3,144.04	55	110	165
3,144.05	3,195.55	56	112	168
3,195.56	3,247.06	57	114	171
3,247.07	3,298.58	58	116	173
3,298.59	3,350.09	59	117	176
3,350.10	3,401.60	60	119	179
3,401.61	3,453.11	61	121	182
3,453.12	3,504.63	61	123	184
3,504.64	3,556.15	75	151	226
3,556.16	3,607.66	76	153	229
3,607.67	3,659.17	78	155	233
3,659.18	3,672.00	78	156	235
3,672.01	3,762.20	85	171	256
3,762.21	3,813.71	87	174	261
3,813.72	3,865.22	88	177	265
3,865.23	3,916.73	89	179	268
3,916.74	3,968.25	91	181	272
3,968.26	4,019.75	92	184	276
4,019.76	4,071.26	113	227	340
4,071.27	4,122.77	115	229	344
4,122.78	4,174.29	116	232	348
4,174.30	4,225.80	118	235	353
4,225.81	4,277.31	119	238	357
4,277.32	4,328.82	120	241	361
4,328.83	4,380.34	122	244	366
4,380.35	4,431.85	123	247	370

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These tables are intended to approximate the required premium as calculated by the premium calculation program. The premium calculation performed by the system is the official calculation.				
Gross Monthly Income		Estimated Premium *		
From	To	1 Person Covered	2 People Covered	3 People Covered
4,431.86	4,483.36	125	250	374
4,483.37	4,534.87	126	253	379
4,534.88	4,586.39	149	298	447
4,586.40	4,637.90	151	301	452
4,637.91	4,689.41	152	305	457
4,689.42	4,740.92	154	308	462
4,740.93	4,792.44	156	311	467
4,792.45	4,843.95	157	315	472
4,843.96	4,895.46	159	318	477
4,895.47	4,946.97	161	322	482
4,946.98	4,998.49	162	325	487
4,998.50	5,050.00	164	328	492
5,050.01	5050.01 and above are not eligible			
Some current enrollees, whose income exceeds the limit, may continue coverage for a period of time by paying the maximum premium:		318	636	954
* These tables do not adequately deal with cases which include children with a \$4 premium. Use the tables to calculate the adult premium required in these cases. For example, to approximate the premium for a 3-person family (1 adult and 2 children with a \$4 premium), calculate the adult premium and add the \$4 premium per child.				