



Minnesota Department of Human Services

MinnesotaCare Premium Table

Family Size: 1

10/1/03 - 6/30/04

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		
	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 — 486.89	9	x	x
486.90 — 506.78	9	x	x
506.79 — 526.66	9	x	x
526.67 — 546.55	10	x	x
546.56 — 566.44	10	x	x
566.45 — 586.33	10	x	x
586.34 — 606.21	11	x	x
606.22 — 626.10	11	x	x
626.11 — 645.99	11	x	x
646.00 — 665.88	12	x	x
665.89 — 685.76	16	x	x
685.77 — 705.65	16	x	x
705.66 — 725.54	16	x	x
725.55 — 745.43	17	x	x
745.44 — 749.00	17	x	x
749.01 — 785.20	21	x	x
785.21 — 805.09	22	x	x
805.10 — 824.98	23	x	x
824.99 — 844.86	23	x	x
844.87 — 864.75	24	x	x
864.76 — 884.64	31	x	x
884.65 — 904.53	32	x	x
904.54 — 924.41	33	x	x
924.42 — 944.30	34	x	x
944.31 — 964.19	34	x	x
964.20 — 984.08	35	x	x
984.09 — 1,003.96	36	x	x
1,003.97 — 1,023.85	37	x	x
1,023.86 — 1,043.74	37	x	x
1,043.75 — 1,063.63	38	x	x
1,063.64 — 1,083.51	46	x	x
1,083.52 — 1,103.40	47	x	x
1,103.41 — 1,123.29	48	x	x
1,123.30 — 1,143.18	49	x	x
1,143.19 — 1,163.06	50	x	x
1,163.07 — 1,182.95	50	x	x

These tables do not adequately deal with cases where there are children present with a minimum \$4 per month premium. But the tables can be used to calculate the adult premium which is required in such cases. For example, to approximate the premium for a three-person family with two children who qualify for the \$4 premium and one adult, use the table to calculate the adult premium; add the \$4 premiums for the children.

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.

Family Size: 1 (continued)

Gross monthly income	Estimated Premium		
	1 PERSON COVERED	2 PEOPLE COVERED	3 PEOPLE COVERED
1,182.96 — 1,202.84	\$51	x	x
1,202.85 — 1,222.73	52	x	x
1,222.74 — 1,242.61	53	x	x
1,242.62 — 1,262.50	54	x	x
1,262.51 — 1,282.39	67	x	x
1,282.40 — 1,302.28	68	x	x
1,302.29 — 1,322.16	70	x	x
1,322.17 — 1,342.05	71	x	x
1,342.06 — 1,361.94	72	x	x
1,361.95 — 1,381.83	73	x	x
1,381.84 — 1,401.71	74	x	x
1,401.72 — 1,421.60	75	x	x
1,421.61 — 1,441.49	76	x	x
1,441.50 — 1,461.38	77	x	x
1,461.39 — 1,481.26	94	x	x
1,481.27 — 1,498.00	95	x	x
1,498.01 — 1,521.04	104	x	x
1,521.05 — 1,540.93	106	x	x
1,540.94 — 1,560.82	107	x	x
1,560.83 — 1,580.70	108	x	x
1,580.71 — 1,600.59	110	x	x
1,600.60 — 1,620.48	111	x	x
1,620.49 — 1,640.37	112	x	x
1,640.38 — 1,660.25	114	x	x
1,660.26 — 1,680.14	140	x	x
1,680.15 — 1,700.03	142	x	x
1,700.04 — 1,719.92	144	x	x
1,719.93 — 1,739.80	145	x	x
1,739.81 — 1,759.69	147	x	x
1,759.70 — 1,779.58	149	x	x
1,779.59 — 1,799.47	150	x	x
1,799.48 — 1,819.35	152	x	x
1,819.36 — 1,839.24	154	x	x
1,839.25 — 1,859.13	155	x	x
1,859.14 — 1,879.02	183	x	x
1,879.03 — 1,898.90	185	x	x
1,898.91 — 1,918.79	187	x	x
1,918.80 — 1,938.68	189	x	x
1,938.69 — 1,958.57	191	x	x
1,958.58 — 1,978.45	193	x	x
1,978.46 — 1,998.34	195	x	x
1,998.35 — 2,018.23	197	x	x
2,018.24 — 2,038.12	199	x	x
2,038.13 — 2,058.00	201	x	x
2,058.01 — 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:	300	x	x



MinnesotaCare Premium Table

Family Size: 2

10/1/03 - 6/30/04

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		
	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 — 610.44	5	11	x
610.45 — 637.88	6	11	x
637.89 — 665.31	6	12	x
665.32 — 692.75	6	12	x
692.76 — 720.19	6	13	x
720.20 — 747.63	7	13	x
747.64 — 775.06	7	14	x
775.07 — 802.50	7	14	x
802.51 — 829.94	7	15	x
829.95 — 857.38	8	15	x
857.39 — 884.81	10	20	x
884.82 — 912.25	10	21	x
912.26 — 939.69	11	21	x
939.70 — 967.13	11	22	x
967.14 — 994.56	11	23	x
994.57 — 1,010.00	12	23	x
1,010.01 — 1,049.44	14	29	x
1,049.45 — 1,076.88	15	30	x
1,076.89 — 1,104.32	15	31	x
1,104.33 — 1,131.75	16	31	x
1,131.76 — 1,159.19	21	41	x
1,159.20 — 1,186.63	21	42	x
1,186.64 — 1,214.07	22	43	x
1,214.08 — 1,241.50	22	44	x
1,241.51 — 1,268.94	23	45	x
1,268.95 — 1,296.38	23	46	x
1,296.39 — 1,323.82	24	47	x
1,323.83 — 1,351.25	24	48	x
1,351.26 — 1,378.69	25	49	x
1,378.70 — 1,406.13	25	50	x
1,406.14 — 1,433.57	31	61	x
1,433.58 — 1,461.00	31	62	x
1,461.01 — 1,488.44	32	63	x

These tables do not adequately deal with cases where there are children present with a minimum \$4 per month premium. But the tables can be used to calculate the adult premium which is required in such cases. For example, to approximate the premium for a three-person family with two children who qualify for the \$4 premium and one adult, use the table to calculate the adult premium; add the \$4 premiums for the children.

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.

Family Size: 2 (continued)

Gross monthly income	Estimated Premium		
	1 PERSON COVERED	2 PEOPLE COVERED	3 PEOPLE COVERED
1,488.45 — 1,515.88	\$32	\$65	x
1,515.89 — 1,543.32	33	66	x
1,543.33 — 1,570.75	33	67	x
1,570.76 — 1,598.19	34	68	x
1,598.20 — 1,625.63	35	69	x
1,625.64 — 1,653.07	35	70	x
1,653.08 — 1,680.50	36	72	x
1,680.51 — 1,707.94	45	90	x
1,707.95 — 1,735.38	46	91	x
1,735.39 — 1,762.82	46	93	x
1,762.83 — 1,790.25	47	94	x
1,790.26 — 1,817.69	48	96	x
1,817.70 — 1,845.13	49	97	x
1,845.14 — 1,872.57	49	99	x
1,872.58 — 1,900.00	50	100	x
1,900.01 — 1,927.44	51	101	x
1,927.45 — 1,954.88	51	103	x
1,954.89 — 1,982.32	63	126	x
1,982.33 — 2,009.75	64	128	x
2,009.76 — 2,020.00	64	129	x
2,020.01 — 2,064.63	70	141	x
2,064.64 — 2,092.07	72	143	x
2,092.08 — 2,119.51	73	145	x
2,119.52 — 2,146.94	74	147	x
2,146.95 — 2,174.38	75	149	x
2,174.39 — 2,201.82	75	151	x
2,201.83 — 2,229.25	76	153	x
2,229.26 — 2,256.68	94	188	x
2,256.69 — 2,284.12	95	191	x
2,284.13 — 2,311.56	97	193	x
2,311.57 — 2,339.00	98	195	x
2,339.01 — 2,366.43	99	198	x
2,366.44 — 2,393.87	100	200	x
2,393.88 — 2,421.31	101	202	x
2,421.32 — 2,448.75	102	205	x
2,448.76 — 2,476.18	103	207	x
2,476.19 — 2,503.63	105	209	x
2,503.64 — 2,531.07	123	247	x
2,531.08 — 2,558.51	125	249	x
2,558.52 — 2,585.94	126	252	x
2,585.95 — 2,613.38	127	255	x
2,613.39 — 2,640.82	129	257	x
2,640.83 — 2,668.26	130	260	x
2,668.27 — 2,695.69	131	263	x
2,695.70 — 2,723.13	133	266	x
2,723.14 — 2,750.57	134	268	x
2,750.58 — 2,778.00	135	271	x
2,778.01 — 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:	300	600	x



Minnesota Department of Human Services

MinnesotaCare Premium Table

Family Size: 3

10/1/03 - 6/30/04

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		
	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 — 743.86	4	9	13
743.87 — 778.73	5	9	14
778.74 — 813.59	5	10	14
813.60 — 848.45	5	10	15
848.46 — 883.31	5	10	16
883.32 — 918.18	5	11	16
918.19 — 953.04	6	11	17
953.05 — 987.90	6	12	17
987.91 — 1,022.76	6	12	18
1,022.77 — 1,057.63	6	12	19
1,057.64 — 1,092.49	8	16	25
1,092.50 — 1,127.35	9	17	26
1,127.36 — 1,162.21	9	18	26
1,162.22 — 1,197.08	9	18	27
1,197.09 — 1,231.94	9	19	28
1,231.95 — 1,266.80	10	19	29
1,266.81 — 1,272.00	10	19	29
1,272.01 — 1,336.53	12	24	37
1,336.54 — 1,371.39	13	25	38
1,371.40 — 1,406.25	13	26	39
1,406.26 — 1,441.11	17	34	51
1,441.12 — 1,475.97	18	35	53
1,475.98 — 1,510.83	18	36	54
1,510.84 — 1,545.70	18	37	55
1,545.71 — 1,580.56	19	38	56
1,580.57 — 1,615.42	19	38	58
1,615.43 — 1,650.28	20	39	59
1,650.29 — 1,685.15	20	40	60
1,685.16 — 1,720.01	20	41	61



These tables do not adequately deal with cases where there are children present with a minimum \$4 per month premium. But the tables can be used to calculate the adult premium which is required in such cases. For example, to approximate the premium for a three-person family with two children who qualify for the \$4 premium and one adult, use the table to calculate the adult premium; add the \$4 premiums for the children.

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.

Family Size: 3 (continued)

Gross monthly income	Estimated Premium		
	1 PERSON COVERED	2 PEOPLE COVERED	3 PEOPLE COVERED
1,720.02 — 1,754.88	\$21	\$42	\$63
1,754.89 — 1,789.74	25	51	76
1,789.75 — 1,824.61	26	52	78
1,824.62 — 1,859.47	26	53	79
1,859.48 — 1,894.33	27	54	81
1,894.34 — 1,929.19	27	55	82
1,929.20 — 1,964.06	28	56	84
1,964.07 — 1,998.92	28	57	85
1,998.93 — 2,033.78	29	58	87
2,033.79 — 2,068.64	29	59	88
2,068.65 — 2,103.50	30	60	90
2,103.51 — 2,138.36	37	75	112
2,138.37 — 2,173.22	38	76	114
2,173.23 — 2,208.08	39	77	116
2,208.09 — 2,242.95	39	79	118
2,242.96 — 2,277.81	40	80	120
2,277.82 — 2,312.67	41	81	122
2,312.68 — 2,347.53	41	82	123
2,347.54 — 2,382.40	42	84	125
2,382.41 — 2,417.26	42	85	127
2,417.27 — 2,452.13	43	86	129
2,452.14 — 2,486.99	53	105	158
2,487.00 — 2,521.86	53	107	160
2,521.87 — 2,544.00	54	108	162
2,544.01 — 2,591.58	59	118	177
2,591.59 — 2,626.44	60	120	180
2,626.45 — 2,661.31	61	122	182
2,661.32 — 2,696.17	62	123	185
2,696.18 — 2,731.03	62	125	187
2,731.04 — 2,765.89	63	126	190
2,765.90 — 2,800.75	64	128	192
2,800.76 — 2,835.61	79	158	237
2,835.62 — 2,870.47	80	160	240
2,870.48 — 2,905.33	81	162	243
2,905.34 — 2,940.20	82	164	246
2,940.21 — 2,975.06	83	166	248
2,975.07 — 3,009.92	84	168	251
3,009.93 — 3,044.78	85	170	254
3,044.79 — 3,079.65	86	171	257
3,079.66 — 3,114.51	87	173	260
3,114.52 — 3,149.38	88	175	263
3,149.39 — 3,184.24	103	207	310
3,184.25 — 3,219.11	105	209	314
3,219.12 — 3,253.97	106	211	317
3,253.98 — 3,288.83	107	214	321
3,288.84 — 3,323.69	108	216	324
3,323.70 — 3,358.56	109	218	327
3,358.57 — 3,393.42	110	221	331
3,393.43 — 3,428.28	111	223	334
3,428.29 — 3,463.14	113	225	338
3,463.15 — 3,498.00	114	227	341
3,498.01 — 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:	300	600	900



Minnesota Department of Human Services

MinnesotaCare Premium Table

Family Size: 4

10/1/03 - 6/30/04

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		
	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 — 870.36	5	10	15
870.37 — 912.73	5	11	16
912.74 — 955.09	6	11	17
955.10 — 997.45	6	12	18
997.46 — 1,039.81	6	12	18
1,039.82 — 1,082.18	6	13	19
1,082.19 — 1,124.54	7	13	20
1,124.55 — 1,166.90	7	14	21
1,166.91 — 1,209.26	7	14	21
1,209.27 — 1,251.63	7	15	22
1,251.64 — 1,293.99	10	20	29
1,294.00 — 1,336.35	10	20	30
1,336.36 — 1,378.71	10	21	31
1,378.72 — 1,421.08	11	21	32
1,421.09 — 1,463.44	11	22	33
1,463.45 — 1,505.80	11	23	34
1,505.81 — 1,534.00	12	23	35
1,534.01 — 1,590.52	15	29	44
1,590.53 — 1,632.88	15	30	45
1,632.89 — 1,675.25	15	31	46
1,675.26 — 1,717.61	20	41	61
1,717.62 — 1,759.97	21	42	63
1,759.98 — 1,802.33	21	43	64
1,802.34 — 1,844.70	22	44	66
1,844.71 — 1,887.06	22	45	67
1,887.07 — 1,929.42	23	46	69
1,929.43 — 1,971.78	23	47	70
1,971.79 — 2,014.15	24	48	72
2,014.16 — 2,056.51	24	49	73
2,056.52 — 2,098.88	25	50	75
2,098.89 — 2,141.24	30	61	91
2,141.25 — 2,183.61	31	62	93
2,183.62 — 2,225.97	32	63	95
2,225.98 — 2,268.33	32	64	97

These tables do not adequately deal with cases where there are children present with a minimum \$4 per month premium. But the tables can be used to calculate the adult premium which is required in such cases. For example, to approximate the premium for a three-person family with two children who qualify for the \$4 premium and one adult, use the table to calculate the adult premium; add the \$4 premiums for the children.

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.

Family Size: 4 (continued)

Gross monthly income	Estimated Premium		
	1 PERSON COVERED	2 PEOPLE COVERED	3+ PEOPLE COVERED
2,268.34 — 2,310.69	\$33	\$66	\$98
2,310.70 — 2,353.06	33	67	100
2,353.07 — 2,395.42	34	68	102
2,395.43 — 2,437.78	35	69	104
2,437.79 — 2,480.14	35	70	106
2,480.15 — 2,522.50	36	72	108
2,522.51 — 2,564.86	45	90	135
2,564.87 — 2,607.22	46	91	137
2,607.23 — 2,649.58	46	93	139
2,649.59 — 2,691.95	47	94	142
2,691.96 — 2,734.31	48	96	144
2,734.32 — 2,776.67	49	97	146
2,776.68 — 2,819.03	49	99	148
2,819.04 — 2,861.40	50	100	151
2,861.41 — 2,903.76	51	102	153
2,903.77 — 2,946.13	52	103	155
2,946.14 — 2,988.49	63	127	190
2,988.50 — 3,030.86	64	128	193
3,030.87 — 3,068.00	65	130	195
3,068.01 — 3,115.57	71	142	213
3,115.58 — 3,157.93	72	144	216
3,157.94 — 3,200.30	73	146	219
3,200.31 — 3,242.66	74	148	222
3,242.67 — 3,285.02	75	150	225
3,285.03 — 3,327.38	76	152	228
3,327.39 — 3,369.75	77	154	231
3,369.76 — 3,412.11	95	190	285
3,412.12 — 3,454.47	96	192	288
3,454.48 — 3,496.83	97	195	292
3,496.84 — 3,539.20	99	197	296
3,539.21 — 3,581.56	100	199	299
3,581.57 — 3,623.92	101	202	303
3,623.93 — 3,666.28	102	204	306
3,666.29 — 3,708.65	103	206	310
3,708.66 — 3,751.01	104	209	313
3,751.02 — 3,793.38	106	211	317
3,793.39 — 3,835.74	125	249	374
3,835.75 — 3,878.11	126	252	378
3,878.12 — 3,920.47	127	255	382
3,920.48 — 3,962.83	129	258	386
3,962.84 — 4,005.19	130	260	390
4,005.20 — 4,047.56	132	263	395
4,047.57 — 4,089.92	133	266	399
4,089.93 — 4,132.28	134	269	403
4,132.29 — 4,174.64	136	271	407
4,174.65 — 4,217.00	137	274	411
4,217.01 — 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:	300	600	900



Minnesota Department of Human Services

MinnesotaCare Premium Table

Family Size: 5

10/1/03 - 6/30/04

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		
	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 - 979.10	6	11	17
979.11 - 1,029.20	6	12	18
1,029.21 - 1,079.30	6	13	19
1,079.31 - 1,129.40	7	13	20
1,129.41 - 1,179.50	7	14	21
1,179.51 - 1,229.60	7	14	22
1,229.61 - 1,279.70	8	15	23
1,279.71 - 1,329.80	8	16	23
1,329.81 - 1,379.90	8	16	24
1,379.91 - 1,430.00	8	17	25
1,430.01 - 1,480.10	11	22	33
1,480.11 - 1,530.20	12	23	35
1,530.21 - 1,580.30	12	24	36
1,580.31 - 1,630.40	12	25	37
1,630.41 - 1,680.50	13	25	38
1,680.51 - 1,730.60	13	26	39
1,730.61 - 1,780.70	13	27	40
1,780.71 - 1,795.00	14	27	41
1,795.01 - 1,880.90	17	34	51
1,880.91 - 1,931.00	18	36	53
1,931.01 - 1,981.10	23	47	70
1,981.11 - 2,031.20	24	48	72
2,031.21 - 2,081.30	25	49	74
2,081.31 - 2,131.40	25	51	76
2,131.41 - 2,181.50	26	52	78
2,181.51 - 2,231.60	26	53	79
2,231.61 - 2,281.70	27	54	81
2,281.71 - 2,331.80	28	55	83
2,331.81 - 2,381.90	28	57	85
2,381.91 - 2,432.00	29	58	87
2,432.01 - 2,482.10	35	70	106
2,482.11 - 2,532.20	36	72	108

These tables do not adequately deal with cases where there are children present with a minimum \$4 per month premium. But the tables can be used to calculate the adult premium which is required in such cases. For example, to approximate the premium for a three-person family with two children who qualify for the \$4 premium and one adult, use the table to calculate the adult premium; add the \$4 premiums for the children.

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.

Family Size: 5 (continued)

Gross monthly income	Estimated Premium		
	1 PERSON COVERED	2 PEOPLE COVERED	3+ PEOPLE COVERED
2,532.21 – 2,582.30	\$37	\$73	\$110
2,582.31 – 2,632.40	37	75	112
2,632.41 – 2,682.50	38	76	114
2,682.51 – 2,732.60	39	78	116
2,732.61 – 2,782.70	40	79	119
2,782.71 – 2,832.80	40	80	121
2,832.81 – 2,882.90	41	82	123
2,882.91 – 2,933.00	42	83	125
2,933.01 – 2,983.10	52	105	157
2,983.11 – 3,033.20	53	106	159
3,033.21 – 3,083.30	54	108	162
3,083.31 – 3,133.40	55	110	165
3,133.41 – 3,183.50	56	112	167
3,183.51 – 3,233.60	57	113	170
3,233.61 – 3,283.70	58	115	173
3,283.71 – 3,333.80	58	117	175
3,333.81 – 3,383.90	59	119	178
3,383.91 – 3,434.00	60	120	181
3,434.01 – 3,484.10	74	148	221
3,484.11 – 3,534.20	75	150	225
3,534.21 – 3,590.00	76	152	228
3,590.01 – 3,634.40	83	166	249
3,634.41 – 3,684.50	84	168	253
3,684.51 – 3,734.60	85	171	256
3,734.61 – 3,784.70	86	173	259
3,784.71 – 3,834.80	88	175	263
3,834.81 – 3,884.90	89	178	266
3,884.91 – 3,935.00	90	180	270
3,935.01 – 3,985.10	111	222	333
3,985.11 – 4,035.20	112	225	337
4,035.21 – 4,085.30	114	227	341
4,085.31 – 4,135.40	115	230	345
4,135.41 – 4,185.50	116	233	349
4,185.51 – 4,235.60	118	236	354
4,235.61 – 4,285.70	119	239	358
4,285.71 – 4,335.80	121	241	362
4,335.81 – 4,385.90	122	244	366
4,385.91 – 4,436.00	124	247	371
4,436.01 – 4,486.10	146	291	437
4,486.11 – 4,536.20	147	295	442
4,536.21 – 4,586.30	149	298	447
4,586.31 – 4,636.40	151	301	452
4,636.41 – 4,686.50	152	305	457
4,686.51 – 4,736.60	154	308	462
4,736.61 – 4,786.70	156	311	467
4,786.71 – 4,836.80	157	314	472
4,836.81 – 4,886.90	159	318	476
4,886.91 – 4,937.00	160	321	481
4,937.01 – 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:	300	600	900