

Monthly Income Guidelines for Medicaid Coverage

Number in Household	Basic OHP Below 100% FPL*	FPEP, CHIP, and Pregnant Women Below 185% FPL
1	\$903	\$1,671
2	\$1,214	\$2,246
3	\$1,526	\$2,823
4	\$1,838	\$3,400
5	\$2,149	\$3,976
6	\$2,461	\$4,553
7	\$2,773	\$5,130
8	\$3,084	\$5,705
each additional person, add:	\$311	\$575

FPL = federal poverty level

Effective 2-1-2009