

2017 Income Levels for Select Poverty Guidelines

Annual Amounts

FAMILY SIZE	100% POVERTY GUIDELINE	120% POVERTY GUIDELINE	133% POVERTY GUIDELINE	138% POVERTY GUIDELINE	150% POVERTY GUIDELINE	154% POVERTY GUIDELINE	155% POVERTY GUIDELINE	160% POVERTY GUIDELINE	200% POVERTY GUIDELINE	222% POVERTY GUIDELINE	223% POVERTY GUIDELINE	230% POVERTY GUIDELINE	240% POVERTY GUIDELINE	250% POVERTY GUIDELINE	300% POVERTY GUIDELINE	350% POVERTY GUIDELINE	400% POVERTY GUIDELINE
1	12,060	14,472	16,040	16,643	18,090	18,573	18,693	19,296	24,120	26,774	26,894	27,738	28,944	30,150	36,180	42,210	48,240
2	16,240	19,488	21,600	22,412	24,360	25,010	25,172	25,984	32,480	36,053	36,216	37,352	38,976	40,600	48,720	56,840	64,960
3	20,420	24,504	27,159	28,180	30,630	31,447	31,651	32,672	40,840	45,333	45,537	46,966	49,008	51,050	61,260	71,470	81,680
4	24,600	29,520	32,718	33,948	36,900	37,884	38,130	39,360	49,200	54,612	54,858	56,580	59,040	61,500	73,800	86,100	98,400
5	28,780	34,536	38,278	39,717	43,170	44,322	44,609	46,048	57,560	63,892	64,180	66,194	69,072	71,950	86,340	100,730	115,120
6	32,960	39,552	43,837	45,485	49,440	50,759	51,088	52,736	65,920	73,172	73,501	75,808	79,104	82,400	98,880	115,360	131,840
7	37,140	44,568	49,397	51,254	55,710	57,196	57,567	59,424	74,280	82,451	82,823	85,422	89,136	92,850	111,420	129,990	148,560
8	41,320	49,584	54,956	57,022	61,980	63,633	64,046	66,112	82,640	91,731	92,144	95,036	99,168	103,300	123,960	144,620	165,280
Extra Person	4,180	5,016	5,560	5,769	6,270	6,438	6,479	6,688	8,360	9,280	9,322	9,614	10,032	10,450	12,540	14,630	16,720

Monthly Amounts

FAMILY SIZE	100% POVERTY GUIDELINE	120% POVERTY GUIDELINE	133% POVERTY GUIDELINE	138% POVERTY GUIDELINE	150% POVERTY GUIDELINE	154% POVERTY GUIDELINE	155% POVERTY GUIDELINE	160% POVERTY GUIDELINE	200% POVERTY GUIDELINE	222% POVERTY GUIDELINE	223% POVERTY GUIDELINE	230% POVERTY GUIDELINE	240% POVERTY GUIDELINE	250% POVERTY GUIDELINE	300% POVERTY GUIDELINE	350% POVERTY GUIDELINE	400% POVERTY GUIDELINE
1	1,005	1,206	1,337	1,387	1,508	1,548	1,558	1,608	2,010	2,232	2,242	2,312	2,412	2,513	3,015	3,518	4,020
2	1,354	1,624	1,800	1,868	2,030	2,085	2,098	2,166	2,707	3,005	3,018	3,113	3,248	3,384	4,060	4,737	5,414
3	1,702	2,042	2,264	2,349	2,553	2,621	2,638	2,723	3,404	3,778	3,795	3,914	4,084	4,255	5,105	5,956	6,807
4	2,050	2,460	2,727	2,829	3,075	3,157	3,178	3,280	4,100	4,551	4,572	4,715	4,920	5,125	6,150	7,175	8,200
5	2,399	2,878	3,190	3,310	3,598	3,694	3,718	3,838	4,797	5,325	5,349	5,517	5,756	5,996	7,195	8,395	9,594
6	2,747	3,296	3,654	3,791	4,120	4,230	4,258	4,395	5,494	6,098	6,126	6,318	6,592	6,867	8,240	9,614	10,987
7	3,095	3,714	4,117	4,272	4,643	4,767	4,798	4,952	6,190	6,871	6,902	7,119	7,428	7,738	9,285	10,833	12,380
8	3,444	4,132	4,580	4,752	5,165	5,303	5,338	5,510	6,887	7,645	7,679	7,920	8,264	8,609	10,330	12,052	13,774
Extra Person	349	418	464	481	523	537	540	558	697	774	777	802	836	871	1,045	1,220	1,394

Income Requirements

Medicaid: Adults – Up to 138% FPL
 Children Age 1 to 18 – Up to 154% FPL
 Pregnant Women and Children Under Age 1 – Up to 223% FPL
 19 – 20 Year Old Children Living with Parent – Up to 155% FPL

Child Health Plus: Free CHPlus – Less than 160% FPL

\$9 Premium – 160% FPL to 222% FPL
 \$15 Premium – >222% FPL to 250% FPL
 \$30 Premium – >251% FPL to 300% FPL
 \$45 Premium – >300% FPL to 350% FPL
 \$60 Premium – > 350% FPL to 400% FPL



FAST FACTS ON The Essential Plan


How do I enroll?

 nystateofhealth.ny.gov

OR

 1-855-355-5777 or
TTY: 1-800-662-1220

OR

 Through free help from
a certified in-person
assistor near your
home or work.

Can you help me in my own language?

Assistance is available in
your language by phone
and in person.

When can I enroll?

Enrollment for the
Essential Plan is open
all year long.

What is the Essential Plan?

A new health plan for New Yorkers. It costs much less than
other health plans. And it offers the same essential benefits.

Who can buy it?

Lower-income people who don't qualify for Medicaid or
Child Health Plus.

Household size	Most you can make
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600

How much does it cost?

Either \$20 a month per person – less than a dollar a day
or NOTHING.

How else does it save me money?

It has NO DEDUCTIBLE, so the plan starts paying for your
health care right away.

You get FREE PREVENTIVE CARE like routine doctor exams
and screenings to keep you healthy.

What does the Essential Plan cover?

The same services covered by other plans:

- doctor visits, including specialists
- tests ordered by your doctor
- prescription drugs
- inpatient and outpatient care at a hospital

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