



COLORADO
 Department of Health Care
 Policy & Financing

CHILD HEALTH PLAN PLUS
Monthly Maximum Income Guidelines
Effective April 1, 2020

Enrollment Fee: 1 Child \$25.00 2 or More \$35.00	Enrollment Fee: 1 Child \$75.00 2 or More \$105.00
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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	1511 - 1659	1660 - 1691	1692 - 1808	1809 - 1968	1969 - 2127	2128 - 2265	2266 - 2393	2394 - 2499	2500 - 2765
2	2042 - 2242	2243 - 2285	2286 - 2443	2444 - 2658	2659 - 2874	2875 - 3061	3062 - 3233	3234 - 3377	3378 - 3736
3	2572 - 2824	2825 - 2878	2879 - 3078	3079 - 3349	3350 - 3620	3621 - 3856	3857 - 4073	4074 - 4254	4255 - 4706
4	3102 - 3406	3407 - 3472	3473 - 3712	3713 - 4040	4041 - 4367	4368 - 4651	4652 - 4913	4914 - 5131	5132 - 5677
5	3632 - 3989	3990 - 4066	4067 - 4347	4348 - 4730	4731 - 5114	5115 - 5446	5447 - 5753	5754 - 6009	6010 - 6648
6	4162 - 4571	4572 - 4659	4660 - 4982	4983 - 5421	5422 - 5860	5861 - 6241	6242 - 6593	6594 - 6886	6887 - 7618
7	4692 - 5154	5155 - 5253	5254 - 5616	5617 - 6112	6113 - 6607	6608 - 7037	7038 - 7433	7434 - 7763	7764 - 8589
8	5222 - 5736	5737 - 5846	5847 - 6251	6252 - 6802	6803 - 7354	7355 - 7832	7833 - 8273	8274 - 8641	8642 - 9560
9	5752 - 6318	6319 - 6440	6441 - 6886	6887 - 7493	7494 - 8100	8101 - 8627	8628 - 9113	9114 - 9518	9519 - 10530
10	6283 - 6901	6902 - 7034	7035 - 7520	7521 - 8184	8185 - 8847	8848 - 9422	9423 - 9953	9954 - 10395	10396 - 11501

- Letters correspond to the rating codes in CBMS
- Co-payments may apply
- No enrollment fee or co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household
- Effective 1/1/2020 to 12/31/2020 Tax Filing Thresholds for a Tax Dependent or Child: Earned Income \$12,400 and Unearned Income \$1,100

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

