

## Appendix F

### Monthly Income Guidelines for Medicaid Coverage

Number in Household	OHP Below 138% FPL	CCare Below 250% FPL
1	\$1,367	\$2,475
2	\$1,843	\$3,338
3	\$2,319	\$4,200
4	\$2,795	\$5,063
5	\$3,271	\$5,925
6	\$3,747	\$6,788
7	\$4,224	\$7,653
8	\$4,703	\$8,519
each additional person	+\$479	+\$866

FPL = Federal Poverty Level

Effective 03/01/16