

## TALKING ABOUT INCOME ELIGIBILITY

With the introduction of Catamount Health to the Green Mountain Care family of health coverage programs, uninsured Vermonters now have more health coverage options than ever before. To determine which Green Mountain Care program will best fit the situation of each uninsured Vermonter, income eligibility guidelines have been set for each program in accordance with the Federal Poverty Level (FPL).

Below is a chart of the 2008 FPL broken down by family size and yearly/monthly income in dollar figures as well as a chart that shows what the FPL requirements are for each Green Mountain Care program. These charts can help you talk to uninsured Vermonters in terms that will make sense to them. In general, when talking about income eligibility, you should talk in terms of actual dollar figures (monthly income preferable) rather than the percent of the FPL that each program income eligibility guideline is based on.

The 2008 FPL guidelines are below; these will change in January 2009. To find the most current FPL, go to <http://aspe.hhs.gov/poverty/index.shtml>. Also, please note that when determining eligibility for the Medicaid program, other factors in addition to income are considered.

2008 Federal Poverty Level By Family Size, Monthly Income and Yearly Income								
Family Size	Yearly/ Monthly Income for 100% FPL	Yearly/ Monthly Income for 150% FPL	Yearly/ Monthly Income for 185% FPL	Yearly/ Monthly Income for 200% FPL	Yearly/ Monthly Income for 250% FPL	Yearly/ Monthly Income for 300% FPL	Yearly/ Monthly Income for 350% FPL	Yearly/ Monthly Income for 400% FPL
1	\$10,452/ \$871	\$15,684/ \$1,307	\$19,344/ \$1,612	\$20,904/ \$1,742	\$26,136/ \$2,178	\$31,356/ \$2,613	\$36,576/ \$3,048	\$41,808/ \$3,484
2	\$14,052/ \$1,171	\$21,084/ \$1,757	\$26,004/ \$2,167	\$28,104/ \$2,342	\$35,136/ \$2,928	\$42,156/ \$3,513	\$49,176/ 4,098	\$56,208/ \$4,684
3	\$17,652/ \$1,471	\$26,484/ \$2,207	\$32,664/ \$2,722	\$35,304/ \$2,942	\$44,136/ \$3,678	\$52,956/ \$4,413	\$61,776/ \$5,148	\$70,608/ \$5,884
4	\$21,252/ \$1,771	\$31,884/ \$2,657	\$39,324/ \$3,277	\$42,504/ \$3,542	\$53,136/ \$4,428	\$63,756/ \$5,313	\$74,376/ \$6,198	\$85,008/ \$7,084
5	\$24,852/ \$2,071	\$37,284/ \$3,107	\$45,984/ \$3,832	\$49,704/ \$4,142	\$62,136/ \$5,178	\$74,556/ \$6,213	\$86,976/ \$7,248	\$99,408/ \$8,284
6	\$28,452/ \$2,371	\$42,684/ \$3,557	\$52,644/ \$4,387	\$56,904/ \$4,742	\$71,136/ \$5,928	\$85,356/ \$7,113	\$99,576/ \$8,298	\$113,808/ \$9,484

Green Mountain Care Program	Catamount Health	Dr. Dynasaur	Medicaid	VHAP	Prescription Assistance
Income Eligibility Guidelines	Above VHAP FPL eligibility; between VHAP eligibility and 300% FPL for premium assistance*	Children up to and including 300% FPL; pregnant women up to and including 200% FPL	Below VHAP FPL eligibility plus other resource tests; varies by household size and county of residence	Up to and including 185% FPL for adults with children; up to and including 150% FPL for adults without children*	Income eligibility guidelines vary by program*

**\* Applicants may still qualify if their monthly income is up to \$200 per month higher than the FPL if they have earned income and/or child care expenses.**