VPharm Ranges for premiums, effective 1/1/19

			Household Size							
Coverage Groups	**Rule**	**% FPL**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
VPharm 1 - VD, VG, VJ, VM $15/person/month	5550 5441	> 0 ≤ 150%	1,562	2,114	2,667	3,219	3,772	4,324	4,877	5,429
VPharm 2 - VE, VH, VK, VN $20/person/month	5650 5441	> 150 ≤ 175%	1,822	2,467	3,111	3,756	4,400	5,045	5,689	6,334
VPharm 3 - VF, VI, VL, VO $50/person/month	5650 5441	> 175 ≤ 225%	2,342	3,171	4,000	4,829	5,657	6,486	7,315	8,144