

## MONTHLY INCOME RANGES FOR VPHARM PREMIUMS EFFECTIVE 1/1/2020

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>VPharm 1</b> - VD, VG, VJ, VM \$15/person/month	§ 5550 - 5441	> 0  ≤ 150%	\$1,595	\$2,155	\$2,715	\$3,275	\$3,835	\$4,395	\$4,955	\$5,515
<b>VPharm 2</b> - VE, VH, VK, VN \$20/person/month	§ 5650 - 5441	> 150  ≤ 175%	\$1,861	\$2,515	\$3,168	\$3,821	\$4,475	\$5,128	\$5,781	\$6,435
<b>VPharm 3</b> - VF, VI, VL, VO \$50/person/month	§ 5650 - 5441	> 175  ≤ 225%	\$2,393	\$3,233	\$4,073	\$4,913	\$5,753	\$6,593	\$7,433	\$8,273



**AGENCY OF HUMAN SERVICES  
DEPARTMENT OF VERMONT HEALTH ACCESS**