

INCOME GUIDELINES

TEMPORARY ASSISTANCE, MO HEALTHNET FOR KIDS (MHK), MO HEALTHNET FOR FAMILIES (MHF), MO HEALTH NET FOR PREGNANT WOMEN (MPW) AND UNINSURED WOMEN'S HEALTH SERVICES (UWHS)

NUMBER OF PERSONS	TEMPORARY ASSISTANCE			MO HEALTHNET FOR FAMILIES	MHK (NON-CHIP) AGES 1-18	MHK (NON-CHIP) FOR KIDS UNDER AGE ONE AND MPW	UWHS	MHK CHIP GROUPS (UNINSURED CHILDREN) THROUGH AGE 18			
	Gross Max.	Eligibility Test (Full Need St)	Net Income/Max. (% of Need Std.)	MAGI INCOME MAX	MAGI INCOME MAX	MAGI INCOME MAX	MAGI INCOME MAX	MAGI INCOME MAX			
	185% of Cons. Std.	Cons. Std.	Grant Amount		148 % of Federal Poverty Level	196% of Federal Poverty Level	201 % of Federal Poverty Level	FEDERAL POVERTY LEVEL			
								NO-COST 150%	PREM 185%	PREM 225%	PREM 300%
1	727	393	136	141	1488	1970	2021	1508	1860	2262	3015
2	1254	678	234	241	2003	2653	2721	2030	2504	3045	4060
3	1565	846	292	301	2519	3336	3421	2553	3149	3829	5105
4	1832	990	342	353	3034	4018	4121	3075	3793	4613	6150
5	2078	1123	388	400	3550	4701	4821	3598	4437	5397	7195
6	2307	1247	431	445	4066	5384	5521	4120	5082	6180	8240
7	2538	1372	474	490	4581	6067	6221	4643	5726	6964	9285
8	2755	1489	514	532	5097	6749	6922	5165	6371	7748	10330
9	2971	1606	554	570	5612	7432	7622	5688	7015	8532	11375
10	3186	1722	595	616	6128	8115	8322	6210	7659	9315	12420
11	3402	1839	635	658	6643	8798	9022	6733	8304	10099	13465
12	3619	1956	675	700	7159	9480	9722	7255	8948	10883	14510

Temporary Assistance:

If under gross income limit, deduct child care expenses and \$90 work standard and compare to consolidated standard.

If under the consolidated standard, after allowable deductions, income must be under the net income limit to be eligible.