

**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	1541	2041	2093	1562	1926	2342	3123
2	1254	678	234	241	2086	2762	2833	2114	2607	3171	4228
3	1565	846	292	301	2631	3484	3573	2667	3289	4000	5333
4	1832	990	342	353	3176	4206	4314	3219	3970	4829	6438
5	2078	1123	388	400	3721	4928	5054	3772	4652	5657	7543
6	2307	1247	431	445	4267	5650	5794	4324	5333	6486	8648
7	2538	1372	474	490	4812	6372	6535	4877	6015	7315	9753
8	2755	1489	514	532	5357	7094	7275	5429	6696	8144	10858
9	2971	1606	554	574	5902	7816	8015	5982	7377	8972	11963
10	3186	1722	595	616	6447	8538	8756	6534	8059	9801	13068
11	3402	1839	635	658	6992	9260	9496	7087	8740	10630	14173
12	3619	1956	675	700	7537	9982	10236	7639	9422	11459	15278

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.