

**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 AND SHOW-ME HEALTHY BABIES (SMHB)			
	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	1574	2085	2138	1595	1968	2393	3190
2	1254	678	234	241	2127	2816	2888	2155	2658	3233	4310
3	1565	846	292	301	2679	3548	3639	2715	3349	4073	5430
4	1832	990	342	353	3232	4280	4389	3275	4040	4913	6550
5	2078	1123	388	400	3784	5012	5139	3835	4730	5753	7670
6	2307	1247	431	445	4337	5743	5890	4395	5421	6593	8790
7	2538	1372	474	490	4889	6475	6640	4955	6112	7433	9910
8	2755	1489	514	532	5442	7207	7391	5515	6802	8273	11030
9	2971	1606	554	574	5994	7938	8141	6075	7493	9113	12150
10	3186	1722	595	616	6547	8670	8891	6635	8184	9953	13270
11	3402	1839	635	658	7100	9402	9642	7195	8874	10793	14390
12	3619	1956	675	700	7652	10134	10392	7755	9565	11633	15510

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.