

NC HEALTH CHOICE FAMILY INCOME LEVELS, 04/01/11

# In Needs Unit:	1	2	3	4
>100 - 200% Age 6 and over	908.01 – 1,815	1,226.01 – 2,452	1,545.01 – 3,089	1,863.01 – 3,725
>200 – 225% Optional Extended	1,815.01 – 2,042	2,452.01 – 2,759	3,089.01 – 3,475	3,725.01 – 4,191

# In Needs Unit:	5	6	7	8
>100 - 200% Age 6 and over	2,181.01 – 4,362	2,500.01 – 4,999	2,818.01 – 5,635	3,136.01 – 6,272
>200 – 225% Optional Extended	4,362.01 – 4,907	4,999.01 – 5,624	5,635.01 – 6,340	6,272.01 – 7,056

# In Needs Unit:	9	10	11	12
>100 – 200% Age 6 and over	3,455.01 – 6,909	3,774.01 – 7,546	4,093.01 – 8,183	4,412.01 – 8,820
>200 – 225% Optional Extended	6,909.01 – 7,773	7,546.01 – 8,490	8,183.01 – 9,207	8,820.01 – 9,924

Each Additional

Add **\$637** to Family Income Level (200% of poverty). In addition:

Add **\$319** to the Minimum Income Level at 100% (Age 6 and over).

Add **\$717** to Family Income Level (225% of poverty) for Optional Extended Coverage.

NCHC Enrollment Fee & Cost Sharing - Over 150% of Poverty			
The family must pay an enrollment fee if countable income equals or exceeds the following amounts for the number in the needs unit.			
Family Size	Monthly Income	Family Size	Monthly Income
1	1,362.01	7	4,227.01
2	1,839.01	8	4,704.01
3	2,317.01	9	5,182.01
4	2,794.01	10	5,660.01
5	3,272.01	11	6,138.01
6	3,749.01	12	6,616.01
Each Additional			\$478

MA-3255 Figure 1