

NC HEALTH CHOICE FAMILY INCOME LEVELS, 04/01/08

# In Needs Unit:	1	2	3	4
100 - 200% Age 6 and over	867.01 – 1,734	1,167.01 – 2,334	1,467.01 – 2,934	1,767.01 – 3,534
200 – 225% Optional Extended	1,734.01 – 1,950	2,334.01 – 2,625	2,934.01 – 3,300	3,534.01 – 3,975

# In Needs Unit:	5	6	7	8
100 - 200% Age 6 and over	2,067.01 – 4,134	2,367.01 – 4,734	2,667.01 – 5,334	2,967.01 – 5,934
200 – 225% Optional Extended	4,134.01 – 4,650	4,734.01 – 5,325	5,334.01 – 6,000	5,934.01 – 6,675

# In Needs Unit:	9	10	11	12
100 – 200% Age 6 and over	3,267.01 – 6,534	3,567.01 – 7,134	3,867.01 – 7,734	4,167.01 – 8,334
200 – 225% Optional Extended	6,534.01 – 7,350	7,134.01 – 8,025	7,734.01 – 8,700	8,334.01 – 9,375

Each Additional

Add \$600 to Family Income Level (200% of poverty). In addition:

Add \$300 to the Minimum Income Level at 100% (Age 6 and over).

Add \$675 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	1,300.01	7	4,000.01
2	1,750.01	8	4,450.01
3	2,200.01	9	4,900.01
4	2,650.01	10	5,350.01
5	3,100.01	11	5,800.01
6	3,550.01	12	6,250.01
Each Additional			\$450