

## Healthy Neighborhood Health Plan Annual Income Level Effective March 1, 2024



FPL	< /= 100%	101% -125%	126% - 150%	151% - 175%	176% - 200%	> 200%
FAMILY SIZE	Nominal Fee TYPE A Medical \$15 Behavioral Health \$4 Dental \$25	TYPE B Medical \$20 Behavioral Health \$5 Dental \$35	TYPE C Medical \$35 Behavioral Health \$8 Dental \$45	TYPE D Medical \$45 Behavioral Health \$11 Dental \$55	TYPE E Medical \$60 Behavioral Health \$15 Dental \$65	NO DISCOUNT
1	0 TO 15,060	15,061 TO 18,825	18,826 TO 22,590	22,591 TO 26,355	26,356 TO 30,120	30,120.01+
2	0 TO 20,440	20,441 TO 25,550	25,551 TO 30,660	30,661 TO 35,770	35,771 TO 40,880	40,880.01+
3	0 TO 25,820	25,821 TO 32,275	32,276 TO 38,730	38,731 TO 45,185	45,186 TO 51,640	51,640.01+
4	0 TO 31,200	31,201 TO 39,000	39,001 TO 46,800	46,801 TO 54,600	54,601 TO 62,400	62,400.01+
5	0 TO 36,580	36,581 TO 45,725	45,726 TO 54,870	54,871 TO 64,015	64,016 TO 73,160	73,160.01+
6	0 TO 41,960	41,961 TO 52,450	52,451 TO 62,940	62,941 TO 73,430	73,431 TO 83,920	83,920.01+
7	0 TO 47,340	47,341 TO 59,175	59,176 TO 71,010	71,011 TO 82,845	82,846 TO 94,680	94,680.01+
8	0 TO 52,720	52,721 TO 65,900	65,901 TO 79,080	79,081 TO 92,260	92,261 TO 105,440	105,440.01+
9	0 to 58,100	58,101 TO 72,625	72,626 TO 87,150	87,151 TO 101,675	101,676 TO 116,200	116,200.01+
10	0 TO 63,480	63,481 TO 79,350	79,351 TO 95,220	95,221 TO 111,090	111,091 TO 126,960	126,960.01+
11	0 TO 68,860	68,861 TO 86,075	86,076 TO 103,290	103,291 TO 120,505	120,506 TO 137,720	137,720.01+
12	0 TO 74,240	74,241 TO 92,800	92,801 TO 111,360	111,361 TO 129,920	129,921 TO 148,480	148,480.01+