

## MC+ PREMIUM CHANGE NOTICE

Starting July 1, 2007 MC+ premiums will change. The invoice you get in July 2007 will have the new premium amount you will owe. You must send the full payment for your new premium or your child(ren)'s MC+ health care coverage may end. The premium will vary from \$12.00 to \$294.00 based on your income and family size. Locate your family size and monthly income on the chart below to find the premium you must pay to keep your child(ren)'s MC+ health care coverage. If your premium amount is not found on the chart below, **contact your eligibility specialist at your local Family Support Office.** If your family size or monthly income has changed, **contact your eligibility specialist at your local Family Support Office** right away to be charged the correct premium in July 2007. If you have any questions about your premium, call the Premium Collections Unit at 1-877-888-2811.

<b>MC+ for Children - CHIP Premium Chart July 1, 2007 – June 30, 2008</b>			
<b>Family Size</b>	<b>% FPL 7/2007</b>	<b>Monthly Income</b>	<b>Premium Amount</b>
1	>150	\$ 1,277.01 to \$ 1,575.00	\$12
1	>185	\$ 1,575.01 to \$ 1,915.00	\$39
1	>225	\$ 1,915.01 to \$ 2,553.00	\$96
2	>150	\$ 1,712.01 to \$ 2,111.00	\$16
2	>185	\$ 2,111.01 to \$ 2,567.00	\$52
2	>225	\$ 2,567.01 to \$ 3,423.00	\$128
3	>150	\$ 2,147.01 to \$ 2,648.00	\$20
3	>185	\$ 2,648.01 to \$ 3,220.00	\$66
3	>225	\$ 3,220.01 to \$ 4,293.00	\$161
4	>150	\$ 2,582.01 to \$ 3,184.00	\$24
4	>185	\$ 3,184.01 to \$ 3,872.00	\$79
4	>225	\$ 3,872.01 to \$ 5,163.00	\$194
5	>150	\$ 3,017.01 to \$ 3,721.00	\$28
5	>185	\$ 3,721.01 to \$ 4,525.00	\$92
5	>225	\$ 4,525.01 to \$ 6,033.00	\$226
6	>150	\$ 3,452.01 to \$ 4,257.00	\$32
6	>185	\$ 4,257.01 to \$ 5,177.00	\$106
6	>225	\$ 5,177.01 to \$ 6,903.00	\$259
7	>150	\$ 3,887.01 to \$ 4,794.00	\$36
7	>185	\$ 4,794.01 to \$ 5,830.00	\$119
7	>225	\$ 5,830.01 to \$ 7,773.00	\$292
Premium information for family sizes of 8+ is available upon request.			