

**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			
	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	1498	1983	2034	1518	1872	2277	3035
2	1254	678	234	241	2031	2689	2758	2058	2538	3087	4115
3	1565	846	292	301	2563	3395	3481	2598	3204	3897	5195
4	1832	990	342	353	3096	4100	4205	3138	3870	4707	6275
5	2078	1123	388	400	3629	4806	4928	3678	4536	5517	7355
6	2307	1247	431	445	4162	5511	5652	4218	5202	6327	8435
7	2538	1372	474	490	4695	6217	6376	4758	5868	7137	9515
8	2755	1489	514	532	5227	6923	7099	5298	6534	7947	10595
9	2971	1606	554	574	5760	7628	7823	5838	7200	8757	11675
10	3186	1722	595	616	6293	8334	8546	6378	7866	9567	12755
11	3402	1839	635	658	6826	9039	9270	6918	8532	10377	13835
12	3619	1956	675	700	7359	9745	9994	7458	9198	11187	14915

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.