



Monthly Income Limits for Indiana Health Coverage Programs

This guide should be used for general information only.

Program:	Pregnancy Medicaid (213% FPL)	Children's CHIP Package C (255% FPL)	Children's Medicaid (158% FPL)	Healthy Indiana Plan (HIP) (138% FPL)
Household Size:				
1	★	\$3,391.50	\$2,102.00	\$1,835.50
2	\$3,841.20	4,599.20	\$2,850.00	\$2,489.20
3	\$4,849.85	\$5,805.85	\$3,598.00	\$3,141.88
4	\$5,857.50	\$7,012.50	\$4,345.00	\$3,795.50
5	\$6,866.20	\$8,220.20	\$5,093.00	\$4,449.20
Household size based on Federal tax rules	Household size includes unborn child(ren)	Monthly premiums may apply Ages 0-18	Ages 0-18	Ages 19-64

Indiana Health Coverage Programs offer a wide range of benefits and services.

To learn more about eligibility requirements for other options, feel free to contact a CKF Certified Navigator at 1-800-975-4253 or visit the website at www.CKFindiana.org

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