

Overview 2019 Financial Help

Qualified Health Plans (QHP)

Above 1	133% FPL** to	150% FPL
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	Family Size*	Inc	ome
If consumer income is between these numbers, they may	1	\$16,753	\$18,210
	2	\$22,715	\$24,690
	3	\$28,676	\$31,170
qualify for lower premiums and	4	\$34,638	\$37,650
significantly lower out-of-pocket costs.	5	\$40,600	\$44,130
	6	\$46,561	\$50,610
	7	\$52,523	\$57,090
	8	\$58,484	\$63,570

94% Cost Sharing Reduction & Tax Credit

Above 150% FPL to 200% FPL

	Family Size*	Income		
If consumer income is between these numbers, they may qualify for lower premiums and lower out-of-pocket costs.	1	\$18,210	\$24,280	
	2	\$24,690	\$32,920	
	3	\$31,170	\$41,560	
	4	\$37,650	\$50,200	
	5	\$44,130	\$58,840	
	6	\$50,610	\$67,480	
	7	\$57,090	\$76,120	
	8	\$63,570	\$84,760	

87% Cost Sharing Reduction & Tax Credit

Above 200% FPL to 250% FPL

	Family Size*	Income		
If consumer income is between these numbers, they may qualify for lower premiums and lower out-of-pocket costs.	1	\$24,280	\$30,350	
	2	\$32,920	\$41,150	
	3	\$41,560	\$51,950	
	4	\$50,200	\$62,750	
	5	\$58,840	\$73,350	
	6	\$67,480	\$84,350	
	7	\$76,120	\$95,150	
	8	\$84,760	\$105,950	

73% Cost Sharing Reduction & Tax Credit

*Family size is the number of people claimed on your tax return.

Above 250% FPL to 400% FPL

	Family Size*	Income		
	1	\$30,350	\$48,560	
If consumer	2	\$41,150	\$65,840	
income is between these numbers, they may qualify for lower premiums.	3	\$51,950	\$83,120	
	4	\$62,750	\$100,400	
	5	\$73,350	\$117,680	
	6	\$84,350	\$134,960	
	7	\$95,150	\$152,240	
	8	\$105,950	\$169,520	

Tax Credit Only, No Cost Sharing Reduction

^{**}Note: most adults in Maryland are eligible for Medicaid up to 138% of the Federal Poverty Line (FPL)



Medicaid

Consumers may be eligible for Medicaid if their annual income is up to approximately:

If your household size is this	Adults	Children (MCHP)	Children (MCHP Premium)		Pregnant Women
1	\$17,237	\$26,354	\$32,974	\$40,218	N/A
2	\$23,336	\$35,681	\$44,643	\$54,451	\$44,643
3	\$29,436	\$45,007	\$56,312	\$68,683	\$56,312
4	\$35,535	\$54,333	\$67,980	\$82,915	\$67,980
5	\$41,635	\$63,659	\$79,649	\$97,148	\$79,649
6	\$47,735	\$72,955	\$91,318	\$111,380	\$91,318
Each person add	\$6,100	\$9,327	\$11,669	\$14,233	\$11,669
You pay	\$0	\$0	\$56	\$70	\$0

You may be eligible for Medicaid if your monthly income is up to approximately:

If your household size is this	Adults	Children (MCHP)	Children (MCHP Premium*)		Pregnant Women
1	\$1,437	\$2,197	\$2,748	\$3,352	N/A
2	\$1,946	\$2,975	\$3,722	\$4,540	\$3,722
3	\$2,454	\$3,752	\$4,694	\$5,725	\$4,694
4	\$2,961	\$4,528	\$5,665	\$6,910	\$5,665
5	\$3,471	\$5,307	\$6,640	\$8,098	\$6,640
6	\$3,979	\$6,083	\$7,611	\$9,283	\$7,611
7	\$4,486	\$6,860	\$8,583	\$10,468	\$8,583
8	\$4,996	\$7,638	\$9,557	\$11,656	\$9,557
Each person add	\$508	\$777	\$972	\$1,186	\$972
You Pay	\$0	\$0	\$56	\$70	\$0

Effective March 1, 2019 *Premium cost is per family/household each month.