

# Plan Decision Tool 2012

Your monthly plan costs and co-payments will vary depending on your income. Use the tool below to determine which plan you qualify for.

## Step 1: Find the FPL (Federal Poverty Level) corresponding to your income and family size.

	A	B	C	D	E
<b>Family Size</b>	<b>Annual (Yearly) Salary Before Taxes</b>				
<b>1 person</b>	\$11,172 or less	Up to \$16,764	Up to \$22,344	Up to \$27,936	Up to \$33,516
<b>2 people</b>	\$15,132 or less	Up to \$22,704	Up to \$30,264	Up to \$37,836	Up to \$45,396
<b>3 people</b>	\$19,092 or less	Up to \$28,644	Up to \$38,184	Up to \$47,736	Up to \$57,276
<b>4 people</b>	\$23,052 or less	Up to \$34,584	Up to \$46,104	Up to \$57,636	Up to \$69,156
<b>5 people</b>	\$27,012 or less	Up to \$40,524	Up to \$54,024	Up to \$67,536	Up to \$81,036
<b>6 people</b>	\$30,972 or less	Up to \$46,464	Up to \$61,944	Up to \$77,436	Up to \$92,916
<b>7 people</b>	\$34,932 or less	Up to \$52,404	Up to \$69,864	Up to \$87,336	Up to \$104,796

## Step 2: Find your plan and monthly premiums

Column from Step 1	Your FPL	Your Plan	Your monthly premium cost
A	Less than 100%	Type 1	\$0
B	100.1% – 150%	Type 2	\$0 - \$34.00
C	150.1% – 200%	Type 2	\$39.00 - \$91.00
D	200.1% – 250%	Type 3	\$77.00 - \$152.00
E	250.1% – 300%	Type 3	\$116.00 - \$197.00

\*Exact monthly amount will depend on your city/town of residence.

## Step 3: Find your plan copays

Plan	Primary Care Office Visits	Specialty Office Visits	Emergency Room*	Pharmacy (Tier 1/2/3)
Type 1	\$0	\$0	\$0	\$1/\$3/\$3
Type 2	\$10	\$18	\$50	\$10/\$20/\$40
Type 3	\$15	\$22	\$100	\$12/\$25/\$50

\*Waived if you are admitted to the hospital