

<b>CMSP</b>				
<b>Premium and Copayment Chart</b>				
<b>Monthly Premiums</b>				
<b>Family Size</b>	<b>0-199.9% FPL</b>	<b>200.0 - 300.9% FPL</b>	<b>301.0-400.0% FPL</b>	<b>400.1% and above FPL</b>
<b>see FPL chart</b>	\$0	\$7.80 per child/max.\$23.40 per family	\$33.14 per family	\$64.00 per child
<b>Copayments*</b>				
<b>Medical (non-preventive)</b>	\$2	\$5	\$5	\$8
<b>Dental</b>	\$2	\$4	\$4	\$6
<b>Pharmacy</b>	\$3 for each generic drug, \$4 for each brand name drug			

**\*Only one copayment is required per day for medical visits.**

**This chart is provided as a guide only, as more factors are included in final income calculations.**