



Affordable health coverage. Quality care.

Income Chart effective July 1, 2018

1-800-701-0710
 TTY: 1-800-701-0720
www.njfamilycare.org

FAMILY SIZE *	Adult(s) (Age 19-64)	Pregnant Women (Any Age)	Children (Under Age 19)					
	Federal Poverty Level % (FPL)							
	0 - 138%	0 - 205%	0 - 147%	> 147 - 150%	> 150 - 200%	> 200 - 250%	> 250 - 300%	> 300 - 355%
	Maximum Monthly Income							
1	\$1,397	N/A	\$1,488	\$1,518	\$2,024	\$2,530	\$3,035	\$3,592
2	\$1,893	\$2,812	\$2,017	\$2,058	\$2,744	\$3,430	\$4,115	\$4,870
3	\$2,390	\$3,550	\$2,546	\$2,598	\$3,464	\$4,330	\$5,195	\$6,148
4	\$2,887	\$4,288	\$3,075	\$3,138	\$4,184	\$5,230	\$6,275	\$7,426
5	\$3,384	\$5,026	\$3,604	\$3,678	\$4,904	\$6,130	\$7,355	\$8,704
6	\$3,881	\$5,764	\$4,134	\$4,218	\$5,624	\$7,030	\$8,435	\$9,982
Each Additional	\$497	\$738	\$530	\$540	\$720	\$900	\$1,080	\$1,278
Monthly Premium	No premium	No premium	No premium	No premium	No premium	\$44.50 per family	\$90.00 per family	\$151.50 per family
Copayments	No copay	No copay	No copay	No copay	\$5 - \$10	\$5 - \$35	\$5 - \$35	\$5 - \$35

* The size of your family may be determined by the **total number** of parent(s) or caretaker(s), and all blood-related children under the age of 21 **who are tax dependent, as well as any other tax dependent** residing in the home.