

MONTHLY INCOME RANGES FOR VPHARM PREMIUMS EFFECTIVE 1/1/2023

			HOUSEHOLD SIZE							
COVERAGE GROUPS	RULE	% FPL	1	2	3	4	5	6	7	8
VPharm 1 - VD, VG, VJ, VM \$15/person/month	§ 5440	> 0 - ≤ 150%	\$1,823	\$2,465	\$3,108	\$3,750	\$4,393	\$5,035	\$5,678	\$6,320
VPharm 2 - VE, VH, VK, VN \$20/person/month	§ 5440	> 150 - ≤ 175%	\$2,127	\$2,876	\$3,626	\$4,375	\$5,125	\$5,875	\$6,624	\$7,374
VPharm 3 - VF, VI, VL, VO \$50/person/month	§ 5440	> 175 - ≤ 225%	\$2,734	\$3,698	\$4,662	\$5,625	\$6,589	\$7,553	\$8,517	\$9,480