

MONTHLY INCOME RANGES FOR VPHARM PREMIUMS EFFECTIVE 1/1/2024

			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%	\$1,883	\$2,555	\$3,228	\$3,900	\$4,573	\$5,245	\$5,918	\$6,590
VPharm 2 - VE, VH, VK, VN \$20/person/month	§ 5440	> 150 - ≤ 175%	\$2,197	\$2,981	\$3,766	\$4,550	\$5,335	\$6,120	\$6,904	\$7,689
VPharm 3 - VF, VI, VL, VO \$50/person/month	§ 5440	> 175 - ≤ 225%	\$2,824	\$3,833	\$4,842	\$5,850	\$6,859	\$7,868	\$8,877	\$9,885