

MONTHLY INCOME RANGES FOR VPHARM PREMIUMS EFFECTIVE 1/1/2025

			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%	\$1,957	\$2,644	\$3,332	\$4,019	\$4,707	\$5,394	\$6,082	\$6,769
VPharm 2 - VE, VH, VK, VN \$20/person/month	§ 5440	> 150 - ≤ 175%	\$2,283	\$3,085	\$3,887	\$4,689	\$5,491	\$6,293	\$7,095	\$7,897
VPharm 3 - VF, VI, VL, VO \$50/person/month	§ 5440	> 175 - ≤ 225%	\$2,935	\$3,966	\$4,997	\$6,029	\$7,060	\$8,091	\$9,122	\$10,154