

Client Fee Chart at 60% State Median Income

Family Size	Median Monthly Income		
	No Copay	Copay	Not Eligible
1	N/A	N/A	N/A
2	\$1,624.50	\$2,436.55	\$2,436.56
3	\$1,718.56	\$2,577.62	\$2,577.63
4	\$2,016.40	\$3,024.34	\$3,024.35
5	\$2,266.46	\$3,399.41	\$3,399.42
6	\$2,516.53	\$3,774.47	\$3,774.48
7	\$2,766.59	\$4,149.53	\$4,149.54
8	\$3,016.65	\$4,524.59	\$4,524.60
9	\$3,266.71	\$4,899.66	\$4,899.67
10	\$3,516.78	\$5,274.72	\$5,274.73
11	\$3,766.84	\$5,649.78	\$5,649.79
12	\$4,016.90	\$6,024.84	\$6,024.85
13	\$4,266.96	\$6,399.91	\$6,399.92
14	\$4,517.03	\$6,774.97	\$6,774.98
15	\$4,767.09	\$7,150.03	\$7,150.04
Parent Pays:	No Copay	Copay	Not Eligible

Use the following multipliers to convert various income to Monthly Income:

Weekly	4.334	Twice Monthly	2
Bi-Weekly	2.167	Monthly	1

Example: A two-parent household with three children has one parent working 40 hours per week at \$10.00 per hour. Another parent works 35 hours per week at \$8.50 per hour.

Parent #1: 40 hours x \$10.00/hr =	\$400.00 per week
Parent #2: 35 hours x \$8.50/hr =	\$297.50 per week
Total:	\$697.50 per week

Convert to Monthly amount	\$697.50 x 4.334 =	\$3,022.97
Monthly Income		\$3,022.97

Under the fee chart for a family of 5, you will see that \$3,022.97 is eligible with a copay.

The amount of your copay is based of a few factors:

- Your Monthly income determines whether you have no copay, have a copay or are not eligible.
- Your copay percentage is based off of the Better Beginnings Star level of the facility your child attends.
- The amount due as your copay is the percentage multiplied by the facility rate per day.

Copay Percentage
2%
4%
6%

Better Beginnings



SMI Source: <http://www.census.gov/hhes/www/income/data/statemedian/index.html>

FPL Source: <https://aspe.hhs.gov/2015-poverty-guidelines>

Note: For family sizes of 5 or more, add \$7,500 per family member.