

## Client Fee Chart at 85% State Median Income

Family Size	Monthly Income		
	No Copay	Copay	Not Eligible
1	\$1,063.38	\$2,259.68	\$2,259.69
2	\$1,390.58	\$2,954.97	\$2,954.98
3	\$1,717.77	\$3,650.26	\$3,650.27
4	\$2,044.97	\$4,345.54	\$4,345.55
5	\$2,372.16	\$5,040.83	\$5,040.84
6	\$2,699.36	\$5,736.12	\$5,736.13
7	\$2,760.71	\$5,866.49	\$5,866.50
8	\$2,822.05	\$5,996.85	\$5,996.86
9	\$2,883.40	\$6,127.22	\$6,127.23
10	\$2,944.75	\$6,257.59	\$6,257.60
11	\$3,006.10	\$6,387.95	\$6,387.96
12	\$3,067.45	\$6,518.32	\$6,518.33
13	\$3,128.80	\$6,648.69	\$6,648.70
14	\$3,190.15	\$6,779.05	\$6,779.06
15	\$3,251.50	\$6,909.42	\$6,909.43
	<b>No Copay</b>	<b>Copay</b>	<b>Not Eligible</b>

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 =	<u>\$297.50 per week</u>
Total:	<u>\$697.50 per week</u>

Convert to Monthly amount	\$697.50 x 4.334 =	<u>\$3,022.97</u>
	Monthly Income	<u>\$3,022.97</u>

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: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>

as advised by the National Center on Subsidy Innovation and Accountability (NCSIA)