

Client Fee Chart at 85% State Median Income (Effective October 1, 2020)

Family Size	Monthly Income		
	No Copay	Copay	Not Eligible
1	\$1,203.18	\$2,556.74	\$2,556.75
2	\$1,573.38	\$3,343.43	\$3,343.44
3	\$1,943.59	\$4,130.12	\$4,130.13
4	\$2,313.80	\$4,916.82	\$4,916.83
5	\$2,684.01	\$5,703.51	\$5,703.52
6	\$3,054.22	\$6,490.20	\$6,490.21
7	\$3,123.63	\$6,637.70	\$6,637.71
8	\$3,193.04	\$6,785.21	\$6,785.22
9	\$3,262.46	\$6,932.71	\$6,932.72
10	\$3,331.87	\$7,080.22	\$7,080.23
11	\$3,401.29	\$7,227.72	\$7,227.73
12	\$3,470.70	\$7,375.23	\$7,375.24
13	\$3,540.11	\$7,522.73	\$7,522.74
14	\$3,609.53	\$7,670.24	\$7,670.25
15	\$3,678.94	\$7,817.74	\$7,817.75
	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	<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-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021>
as advised by the National Center on Subsidy Innovation and Accountability (NCSIA)