

BHC Program Income/Fee Schedule based on 2006 Federal Poverty Guidelines

Basic Health Care (BHC) Program for Defined Indigents who are Contra Costa County Residents

2006 FEDERAL HHS POVERTY GUIDELINES [48 States]

Family Size	Annual Income	Monthly Pov. Level	Percentage Multiples of Monthly Poverty Level			
			150%	200%	250%	300%
1	\$9,800	\$817	\$1,225	\$1,633	\$2,042	\$2,450
2	\$13,200	\$1,100	\$1,650	\$2,200	\$2,750	\$3,300
3	\$16,600	\$1,383	\$2,075	\$2,767	\$3,458	\$4,150
4	\$20,000	\$1,667	\$2,500	\$3,333	\$4,167	\$5,000
5	\$23,400	\$1,950	\$2,925	\$3,900	\$4,875	\$5,850
6	\$26,800	\$2,233	\$3,350	\$4,467	\$5,583	\$6,700
7	\$30,200	\$2,517	\$3,775	\$5,033	\$6,292	\$7,550
8	\$33,600	\$2,800	\$4,200	\$5,600	\$7,000	\$8,400

For each additional add, \$3,400

Reference: Federal Register, Vol. 71 No. 15 January 24, 2006, pp. 3848-3849
 Fed. Poverty Guidelines: see <http://aspe.hhs.gov/POVERTY/06fedreg.htm>

INCOME STANDARDS AND HEALTH PARTNERSHIP FEES UNDER BHC PROGRAM REGULATIONS PURSUANT TO THE BOARD OF SUPERVISORS RESOLUTION & BOARD ORDER ON THE BHC PROGRAM

BHC Income & Fee Standards Ranging from 150% of Federal Poverty Level Up to 300% of Federal Poverty Level

	FAMILY UNIT OF ONE		HEALTH PARTNERSHIP FEE OBLIGATION			
	Monthly Gross Income Living Independently		Monthly	Per Quarter		
100% to 150% of Fed. Pov. Level	\$ -0-	\$1,225	\$ -0-	\$ -0-		
150% to 200% of Fed. Pov. Level	\$1,226	\$1,633	\$25	\$75		
200% to 250% of Fed. Pov. Level	\$1,634	\$2,042	\$50	\$150		
250% to 300% of Fed. Pov. Level	\$2,043	\$2,450	\$75	\$225		
Above 300% of Fed. Pov. Level	\$2,451	and above	not eligible			

** A child is defined as a person under 19 years of age

	FAMILY UNIT OF TWO		FEE OBLIGATION			
	Monthly Gross Income for Family Budget Unit		PER ADULT		PER CHILD **	
	Monthly	Per Quarter	Monthly	Per Quarter	Monthly	Per Quarter
100% to 150% of Fed. Pov. Level	\$ -0-	\$1,650	\$ -0-	\$ -0-	\$ -0-	\$ -0-
150% to 200% of Fed. Pov. Level	\$1,651	\$2,200	\$25	\$75	\$5	\$15
200% to 250% of Fed. Pov. Level	\$2,201	\$2,750	\$50	\$150	\$5	\$15
250% to 300% of Fed. Pov. Level	\$2,751	\$3,300	\$75	\$225	\$5	\$15
Above 300% of Fed. Pov. Level	\$3,301	and above	not eligible			

	FAMILY UNIT OF 3 or GREATER		FEE OBLIGATION			
	Monthly Gross Income for Family Budget Unit		PER ADULT		PER CHILD **	
	Monthly	Per Quarter	Monthly	Per Quarter	Monthly	Per Quarter
100% to 150% of Fed. Pov. Level	\$ -0-	\$2,075	\$ -0-	\$ -0-	\$ -0-	\$ -0-
150% to 200% of Fed. Pov. Level	\$2,076	\$2,767	\$25	\$75	\$5	\$15
200% to 250% of Fed. Pov. Level	\$2,768	\$3,458	\$50	\$150	\$5	\$15
250% to 300% of Fed. Pov. Level	\$3,459	\$4,150	\$75	\$225	\$5	\$15
Above 300% of Fed. Pov. Level	\$4,151	and above	not eligible			