

CSHCS Payment Agreement Estimation Tool

This chart will help you estimate how much you may need to pay to receive coverage by the Children’s Special Health Care Services (CSHCS) program. The chart may change in the future but is current as of January 1, 2016.

INSTRUCTIONS:

1. Find the **Family Size** column that matches the number of exemptions you put on your most current Federal Tax Form.
 - o This number can be found on line 6d of the 1040 or 1040A, or line 5 of the 1040EZ
2. Find the Income Range in this same column that includes the income that you put on your most current Federal Tax Form.
 - o This amount can be found on line 22 of the 1040; line 15 of the 1040A; or line 4 of the 1040EZ
3. Follow the row across to the right to find your Yearly Payment Agreement Amount.
4. Compare this Yearly Payment Agreement Amount to the out-of-pocket costs you estimated on the Yearly Metabolic Cost Calculator Worksheet to understand if CSHCS may be helpful for your family.

NOTE: If the metabolic patient is **18 or older**, the family size is “1” and only their income counts. If the family size is more than 5, call your county health department for an estimate of the payment amount.

FAMILY SIZE / INCOME RANGE CHART					YEARLY PAYMENT AGREEMENT AMOUNT
Family of 0-1	Family of 2	Family of 3	Family of 4	Family of 5	
\$0.00 - \$23,539	\$0.00 - \$31,859	\$0.00 - \$40,179	\$0.00 - \$48,499	\$0.00 - \$56,819	\$120.00
\$23,540 - \$29,425	\$31,860 - \$39,825	\$40,180 - \$50,225	\$48,500 - \$60,625	\$56,820 - \$71,025	\$192.00
\$29,426 - \$35,010	\$39,826 - \$47,790	\$50,226 - \$60,270	\$60,626 - \$72,750	\$71,026 - \$85,230	\$372.00
\$35,011 - \$47,080	\$47,791 - \$63,720	\$60,271 - \$80,360	\$72,751 - \$97,000	\$85,231 - \$113,640	\$732.00
\$47,081 - \$58,850	\$63,721 - \$79,650	\$80,361 - \$100,450	\$97,001 - \$121,250	\$113,641 - \$142,050	\$1,476.00
\$58,851 - no ceiling	\$79,651 - no ceiling	\$100,451 - no ceiling	\$121,251 - no ceiling	\$142,051 - no ceiling	\$2,964.00

This is not an application for CSHCS coverage. Your actual yearly payment agreement amount may be different when you fill out the full application for enrollment.

PLEASE CALL THE FAMILY PHONE LINE AT 800-359-3722

FOR MORE INFORMATION