

Qualifying for Basic Health

Basic Health is like commercial insurance except the state pays part of your premium (monthly payment). The amount paid by the state depends on your income and family size.

① There are four requirements that you must meet to be able to apply for Basic Health:

- Living in Washington state
- Not eligible for Medicare
- Not institutionalized
- Under the income limit for your family size. Use steps 2-4 to find out.

② According to Basic Health, a family member is defined as one of the following:

- Include yourself and spouse (must be legally married)
- Include legally dependant children under 19 (blood related, step-children, adopted children, children for which you have legal guardianship, etc.)
- Include full-time students age 19-23

③ What is your family's monthly income (before taxes)?

- Don't forget to include any benefits received from agencies like DSHS, SSI, L&I worker's compensation, unemployment.
- Subtract any monthly work-related child or adult care expenses you pay.
- If you are self-employed, call 788-6594 for more information on the additional deductions you are allowed to take.

④ Compare to see if your monthly income is below the limit for your family size.

Total Number of Family Members, including yourself	You and your family qualify for Basic Health if your monthly income is below:
1	1734
2	2334
3	2934
4	3534
5	4134
6	4734
7	5334
8	5934
9	6534
10	7134
More members?	Add \$600 for each additional person

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To find out how much you will pay each month for Basic Health (your premium), follow the steps below.

① Find your family's income on this chart to know which income band (A-H) you are in.

Income bands effective July 1, 2007 - June 30, 2008

	Number of people in your family							Income band
	1	2	3	4	5	6	7	
Gross monthly income	\$0-\$553.04	\$0-\$741.54	\$0-\$930.04	\$0-\$1,118.54	\$0-\$1,307.04	\$0-\$1,495.54	\$0-\$1,684.04	A
	553.05-850.83	741.55-1140.83	930.05-1430.83	1118.55-1720.83	1307.05-2010.83	1495.55-2300.83	1684.05-2590.83	B
	850.63-1063.54	1140.84-1426.04	1430.84-1788.54	1720.84-2151.04	2010.84-2513.54	2300.84-2876.04	2590.84-3238.54	C
	1063.55-1191.16	1426.05-1597.16	1788.55-2003.16	2151.05-2409.16	2513.55-2815.16	2876.05-3221.16	3238.55-3627.16	D
	1191.17-1318.79	1597.17-1768.29	2003.17-2217.79	2409.17-2667.29	2815.17-3116.79	3221.17-3566.29	3627.17-4015.79	E
	1318.80-1446.41	1768.30-1939.41	2217.80-2432.41	2667.30-2925.41	3116.80-3418.41	3556.30-4015.80	4015.80-4404.41	F
	1446.42-1574.04	1939.42-2110.54	2432.42-2647.04	2925.42-3183.54	3418.42-3720.04	3911.42-4256.54	4404.42-4793.04	G
	1574.05-1701.75	2110.55-2281.78	2647.05-2861.80	3183.55-3441.83	3720.05-4021.86	4256.55-4601.89	4793.05-5181.92	H

② What is the letter of your family's income (Income Band A-H) from above?

③ Look up the premium for each family member that wants coverage by their age.

Prices for Community Health Plan of Wash. and Molina Healthcare					
Income Band	Age of each family member wanting coverage				
	0-18*	19-39**	40-54	55-64	65+
A	\$17	\$17	\$17	\$17	\$17
B	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50
C	\$30	\$30	\$30	\$30	\$30
D	\$30	\$40.37	\$51.76	\$88.51	\$111.80
E	\$30	\$52.75	\$67.63	\$115.64	\$146.07
F	\$31.03	\$67.22	\$86.18	\$147.37	\$186.15
G	\$38.85	\$84.17	\$107.91	\$184.53	\$233.09
H	\$47.64	\$103.21	\$132.32	\$226.27	\$285.82

* A person under 18 who is the main subscriber or spouse will pay the age 19-39 premium. This usually happens to minors applying without their parent.

** Dependants on their parent's application who are age 19-22 and are full-time students or disabled are charged the same rate as a child age 0-18.

④ Find the total family premium by adding together the premium for each person.

This Tools to Use created by:

<http://www.whatcomalliance.org/services/documents/QualifyingforBH.pdf>

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Questions? Call us: (360) 788-6594