

Income Chart effective January 1, 2024

1-800-701-0710

TTY: 711

www.njfamilycare.org

FAMILY SIZE *	Adult(s) (Age 19-64)	Plan First** (Family Planning)	NJSPCP** & Pregnant Women (Any Age)	Children (Under Age 19)								
				Federal Poverty Level % (FPL)								
				0 - 138%	> 138 - 205%	0 - 205%	0 - 147%	> 147 - 150%	> 150 - 200%	> 200 - 250%	> 250 - 300%	> 300 - 355%
				Maximum Monthly Income								
1	\$1,732	\$2,573	\$2,573	\$1,845	\$1,883	\$2,510	\$3,138	\$3,765	\$4,456			
2	\$2,351	\$3,492	\$3,492	\$2,504	\$2,555	\$3,407	\$4,259	\$5,110	\$6,047			
3	\$2,970	\$4,411	\$4,411	\$3,163	\$3,228	\$4,304	\$5,380	\$6,455	\$7,639			
4	\$3,588	\$5,330	\$5,330	\$3,822	\$3,900	\$5,200	\$6,500	\$7,800	\$9,230			
5	\$4,207	\$6,250	\$6,250	\$4,482	\$4,573	\$6,097	\$7,621	\$9,145	\$10,822			
6	\$4,826	\$7,169	\$7,169	\$5,141	\$5,245	\$6,994	\$8,742	\$10,490	\$12,414			
Each Additional	\$619	\$920	\$920	\$660	\$673	\$897	\$1,121	\$1,345	\$1,592			
Monthly Premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium	No premium			
Copayments	No copay	No copay	No copay	No copay	No copay	\$5 - \$10	\$5 - \$35	\$5 - \$35	\$5 - \$35			

* The size of your family may be determined by the **total number** of parent(s) or caretaker(s), and all blood-related children under the age of 21 **who are tax dependent, as well as any other tax dependent** residing in the home.

** Plan First and NJSPCP do not meet the minimum essential health care coverage requirement.