



## **Reforming Healthcare Brief #3:**

### **Addressing the Lack of Health Insurance for Georgia's Children**

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This paper is the third in a series examining the recent increases in healthcare costs, corresponding declines in employer-sponsored insurance and increases in the uninsured population, and policies the federal, state, and local governments are currently examining and pursuing to address these problems. The first two papers examined the preferred federal tax-status of Health Savings Accounts and policy implications surrounding their increased usage and looked at "Pay or Play" laws that some states and localities are pursuing to encourage employers to continue to provide health insurance to employees. This series seeks to provide background data and discussion on what goals these policies seek to accomplish, how they can be implemented and what barriers they face, and which populations benefit the most from their implementation.

This brief examines children's health insurance in Georgia. In particular, this paper analyzes the number of children without health insurance as well as some demographic information about children with and without insurance, and briefly examines possible policy proposals in Georgia and elsewhere that endeavor to expand existing health insurance programs for children. Some of the key findings presented in this paper are:

- In 2004, approximately 300,000 children in Georgia went without health insurance – approximately 12.4 % of the state's children.
- Uninsured children are less likely to receive healthcare services and are much more likely to report unmet healthcare needs when compared to children with health insurance.
- Of these 300,000 children, nearly 230,000 (approximately 75%) are eligible for existing programs such as Medicaid and PeachCare.
- Covering already eligible children through existing programs would likely cost the state approximately \$141 to \$157 million, and would bring in approximately \$253 to \$269 million in additional federal funds.

## Children's Health Insurance in Georgia

Before examining proposals to increase the availability of health insurance for children in Georgia, it is first important to examine the current health insurance situation in Georgia. Based on Census data from 2004, approximately 2.4 million children under 18 live in Georgia. *Table 1*, below, details the health insurance status of these children and whether they are insured through private insurance, Medicaid (includes PeachCare), or other public insurance such as Medicare or Military Health Insurance, or if they do not have health insurance.<sup>1</sup>

	<u># of Children</u>	<u>% of GA Children</u>
Privately Insured	1,445,778	59.3
Medicaid †	812,744	33.4
Other Public Ins.	67,668	2.8
Uninsured	301,407	12.4
Total *	2,436,858	

\* Individual children may have coverage through multiple sources, therefore, the totals for insurance coverage categories exceeds the total number of children and the percent in each category totals greater than 100%.

As this table shows, nearly 88% of all children in Georgia have health insurance. Of the children with health insurance, over two-thirds are insured through private coverage (most likely employer-sponsored insurance), while the remaining children are insured through public health insurance programs.

### Private Insurance

As shown above, approximately 59% of all children in Georgia are insured through private health insurance programs. Of these nearly 1.5 million children, approximately 93% are covered through employer sponsored plans.<sup>2</sup> Families with higher incomes are more likely to have their children enrolled in private insurance plans. Approximately 81% of children from families with incomes above 200% of the Federal Poverty Level (FPL) have private insurance, while only 18% of children from families with income below 100% FPL have private insurance.<sup>3</sup>

† In presenting the data in Table 1 and in the sections discussing health insurance coverage, we are using data presented by Dr William Custer and Dr. Patricia Ketsche in *Sources of Health Insurance Coverage in Georgia 2004*. Their report is based on data from the Annual Social and Economic Supplement to the Census Bureau's Current Population Survey (CPS). As is noted in the report, CPS data underreports Medicaid enrollment compared to administrative data (i.e. enrollment data from state Medicaid agencies). For further discussion on this issue, please see Appendix 1.

### Medicaid and PeachCare

Medicaid and other public insurance covers approximately 36% of children in Georgia.<sup>4</sup> Medicaid eligibility thresholds vary by age, with the income thresholds being more generous for infants (185% FPL) and children under 6 (133%) than for children between 6 and 18 (100% FPL).<sup>5</sup> Children 19 and under from families with incomes above the Medicaid thresholds but below 235% FPL are eligible for PeachCare, with the one exception that federal rules prohibit children of individuals employed by the state from enrolling in SCHIP programs such as PeachCare.

With the implementation of Medicaid Managed Care in Georgia in June 2006, the service package for Medicaid and PeachCare will be nearly identical. Federal rules prevent the state from charging premiums or co-payments to children on Medicaid, though PeachCare enrollees ages 6 and older are required to pay monthly premiums based on family income. Premiums range from \$10 to \$35 per month for families with one child enrolled and from \$15 to \$70 per month for families with 2 or more children enrolled. PeachCare currently does not charge co-payments.

### Uninsured

While estimates of the number of uninsured children in Georgia vary, based on U.S. Census Bureau data, *Table 1* shows an estimate of approximately 301,000 uninsured children age 18 and under in Georgia in 2004. This translates into approximately 12.4% of Georgia's 18 and under population, or nearly 1 in 8 children in Georgia.

The uninsured rate of Georgia's children varies by income. While only 7.3% of children from families with income above 200% FPL are uninsured, approximately 18.5% of Georgia children from families with incomes below 200% FPL do not have health insurance.<sup>6</sup> As a result, roughly two-thirds of Georgia's 300,000 uninsured children (over 203,000 children) come from families with income below 200% FPL (\$33,200 for a family of 3).<sup>7</sup> Based on Georgia's current Medicaid and PeachCare eligibility thresholds, the vast majority of these children likely qualify for either Medicaid or PeachCare coverage.<sup>8</sup>

## Consequences of Being Uninsured

The fact that over 300,000 children in Georgia do not have health insurance is a problem for many reasons. Uninsured children are less likely to have a regular source of medical care, less likely to receive medical care in a given year, more likely to have unmet healthcare needs, and more likely to miss school due to illness. While these statements are not surprising,

the findings of many studies in the last 5 to 10 years supporting these statements are very striking.

Below are some of the statistics that illustrate the significant disadvantages faced by children without health insurance:

- 20.5% of uninsured children had unmet health needs, compared to 4.8% for privately insured children and 7.1% for publicly insured children.<sup>9</sup>
- 32.9% of all uninsured children in the U.S. went without any medical care for an entire year; uninsured children in Georgia fared worse, as 37.8% of uninsured children received no care.<sup>10</sup>
- Uninsured children are 10 times more likely than insured children to NOT receive needed care; uninsured African-American children are 20 times more likely than insured African-American children to NOT receive needed care.<sup>11</sup>
- Uninsured children have more missed school days due to illness. In Florida, uninsured children were 25% more likely to miss school.<sup>12</sup>

While the lack of health insurance not only affects the health of individual children, it also affects the healthcare system of the state as a whole. When children do not receive proper preventive healthcare, they may face more significant illness at a later time. As more serious healthcare needs arise, uninsured children may seek care in higher-cost settings such as emergency rooms. Without insurance, these services are more likely to be uncompensated. These costs are then passed on to other payers, and eventually to consumers in the form of higher monthly health

insurance premiums. One study estimated that approximately half of all uncompensated costs are passed on to private insurance customers, costing Georgia consumers over \$600 million annually.<sup>13</sup>

## Expanding Children's Insurance Coverage

Expanding health insurance programs to cover more children has been a goal of policymakers around the country on many occasions. In 1997, the U.S. Congress created the State Children's Health Insurance Program (SCHIP) as Title XXI of the Social Security Act. This program provides states with enhanced federal funding (at matching rates greater than the regular Medicaid program) to expand existing programs or create new ones to provide health insurance to children from low-income families with incomes above the Medicaid threshold.

In addition to seeking changes on the federal level, some states are also implementing their own programs with the goal to reduce the number of children without health insurance. In the 2006 Legislative Session, 3 prominent pieces of legislation were introduced that sought to address the number of Georgia children without health insurance. HB 1464 and SB 476 both proposed creating new health insurance programs or expanding Georgia's existing Medicaid and PeachCare programs to include all children in Georgia, while SR 1176 proposed a 1¢ sales tax increase for the specific purpose of funding health insurance for all children in Georgia. While the Legislature failed to enact these bills, they are nonetheless worth further examination.

### All Kids Coverage in Illinois:

One of the most prominent efforts to increase insurance coverage among children is the creation of the All Kids program in Illinois, targeted at the state's approximately 253,000 uninsured children. This program was enacted in the fall of 2005, and will begin operation July 1, 2006.

All children in Illinois will be eligible for this program, and families will pay varying monthly premiums and out-of-pocket costs depending on family income. For example, a family with income between 200% FPL and 300% FPL would face monthly premiums of \$40 per child (\$80 for 2 or more children) and maximum out-of-pocket spending of \$500 per year. As family income increases, both the monthly premium amounts and the annual cap on out-of-pocket spending increase as well. In order to discourage children who already have health insurance from joining the program, however, the All Kids program includes a requirement for a 6-month bare period, meaning that children may only join the program if they have been without health insurance for at least 6 months (children under 6 mos. are exempted from this rule).

The program is expected to cost the State of Illinois approximately \$45 million and cover approximately 50,000 children in the first year (FY 2006). Officials estimate that approximately 75% of the costs of the program will be paid for with co-payments and monthly premiums charged to the enrollees. Costs will rise in future years as more children sign up for coverage.

For further detail on the All Kids program and the figures noted above, see the following documents and sites:

- <http://www.allkidscovered.com/>,
- <http://www.familiesusa.org/assets/pdfs/Illinois-All-Kids-Oct-2005.pdf>,
- <http://www.ncsl.org/programs/health/shn/2006/id464.htm>

Legislation Introduced in Georgia in 2006

**HB 1464: The PeachCare for All Kids Act.** This legislation proposed creating the ‘PeachCare for All Kids’ health insurance plan which would contain 3 parts: PeachCare for All Kids A, B, and C.

- PeachCare for All Kids A would expand Georgia’s current Medicaid program up to 200% of the Federal Poverty Level (FPL). (Current eligibility thresholds are summarized on page 2 and range from 100% FPL to 185% FPL depending on the age of the child.) Like the current Medicaid program, PeachCare for All Kids A would not require monthly premiums, though children from families with income above 150% FPL could be assessed co-payments for select services ranging from \$0.50 - \$2.
- PeachCare for All Kids B would mirror the current PeachCare program, but would expand eligibility for the program from its current level of 235% FPL to 400% FPL (thus covering children between 200% and 400% FPL). As in the existing PeachCare program, participating families would pay monthly premiums based on their income levels. Health benefits for children in Part B of the program would be identical to the coverage in Part A except that Part B would be allowed to charge additional co-payments and would not cover non-emergency transportation.
- PeachCare for All Kids C creates a new program for children ineligible for either Parts A or B (family incomes above 400% FPL). This program would not necessarily receive state funds, but rather would essentially be a buy-in program for families whose children do not already have health insurance. Monthly premiums and co-payments would be determined by the Department of Community Health, though plan benefits would mirror the benefits in parts A and B of the program.

**SB 476 / HB 1212: The PeachKids – Health Insurance for All Georgia Children Act.** These identical pieces of legislation proposed creating the PeachKids program, which would be available to all uninsured children in Georgia in families with income over 235% FPL (the current PeachCare threshold). Children seeking coverage through the new PeachKids program would be required to be uninsured for the previous 6-months, with exceptions for children under 6-months of age, children previously enrolled in Medicaid or PeachCare, or children whose parents were “involuntarily” separated from their previous insurance coverage. As defined in the legislation, the PeachKids service package would mirror that of the current PeachCare for Kids program; however, the monthly premiums paid by participating families would be higher than in the current PeachCare program and PeachKids enrollees would be subject to some co-payments.

**SR 1176: The Penny for the Kids Trust Fund.** This resolution proposed an amendment to the Georgia Constitution creating an additional 1% sales tax and directing the proceeds to the Penny for the Kids Trust Fund. This Constitutional Amendment would further require that the proceeds from the Trust Fund be directed only to programs that provide healthcare coverage to all Georgia children. The proposed Constitutional Amendment did not dictate the terms of the coverage expansion required, but did specify that the funds be used for “... all children of the state.”

**Potential Costs of Insuring all Children**

Covering Children Eligible for Existing Programs

Forecasting the potential cost of enrolling all eligible children in Medicaid and PeachCare is not an exact exercise. In the end, actual costs will depend on the utilization of healthcare services by the newly enrolled children. For simplicity, we are assuming the newly enrolled children will cost roughly the same amount as current enrollees. In forecasting the likely number of children eligible but not enrolled in Medicaid and PeachCare, we are using a 2005 study by the American Academy of Pediatrics, using U.S. census data. This study estimates that about 75% of Georgia’s uninsured children (roughly 228,000 kids) are income-eligible for either Medicaid or PeachCare.<sup>14</sup> Using prior year per child costs inflated forward to FY 2007, *Table 2* estimates possible totals costs of approximately \$410 million. Based on current Medicaid and SCHIP federal matching rates, Georgia would realize state costs of approximately \$141-\$157 million, while federal funds would make up the remaining funding.<sup>15,16</sup>

	<u>Medicaid</u>	<u>PeachCare</u>
Estimated eligible kids	113,595	114,428
Per-Child Cost <sup>1/</sup>	\$2,200	\$1,400
Total Cost (incl fed)	\$250 M	\$160 M
<b>Est. State Cost</b>	<b>\$96 M</b>	<b>\$45-61 M</b>
Federal Funds	\$154 M	\$99-115 M

1/ Medicaid per-child costs represent FY 04 per year spending figures for enrollees under 20 (\$1,890 based on FY 2004 annual report) inflated forward to FY 07 at 5% per year; PeachCare per child costs represent FY 2005 per member / per month costs (approx. \$1,270 according to PeachCare) inflated to FY 2007.

Creating a New Program for Remaining Children

While estimating the costs to cover children through existing programs is fairly straight forward, estimates for the financial costs of a new, unknown program are more difficult. As a result, GBPI will not put forth an estimate of the cost of any particular expansion or

recent legislation. Instead, we will examine some of the issues and details that need to be addressed in order to forecast a cost.

The two main components of any cost estimate for a new program will be how many children seek coverage in the new program, and how much the state subsidizes this coverage. Depending on whether participating families pay monthly premiums that cover 50%, 75%, or 100% of the costs of coverage, the per-child cost to the state will vary considerably. At the same time, greater state subsidies (and thus lower monthly premiums for participating families), would likely lead to greater overall enrollment. As a result, forecasting participation without a clear picture of the programs structure would be very difficult.

Depending on whether a new program mandates that children must be without insurance for a certain amount of time before enrollment (often referred to as a “bare period”), some children with private coverage may also seek enrollment in the new program. In order to simplify the discussion surrounding the potential costs of a new program, however, this analysis will instead focus only on the nearly 75,000 children in Georgia who do not currently have health insurance and who are not likely eligible for either Medicaid or PeachCare.

In estimating a broad range of the possible cost of a new program available to children not currently eligible for existing programs, we can start by examining ranges for the total cost (including the portion paid by participating families) for various levels of participation. Based on the per-child costs in PeachCare, for example, a program covering 75,000 children could be expected to cost approximately \$105 million. Overall costs to the state, then, would depend on the premiums structure. For example, if monthly premiums from participating families covered 75% of the costs of the program, the state would face annual costs of about \$26 million; if premiums covered only 25% of programmatic costs, the state could face costs of approximately \$79 million. It is very unlikely that immediate participation would be as high as these figures suggest, however, making the costs of such a program in the first 1-3 years of implementation less substantial. The experience in Illinois as their children’s expansion is implemented and as individuals enroll in the coming months will also give other states an improved sense the enrollment growth to expect if they also choose a similar style of expansion.

The simplistic cost analysis presented above attempts to look at the 3 groups of uninsured children: those currently eligible for Medicaid, those income-eligible for PeachCare, and those children without insurance who are not eligible for either of these programs. The

analysis above does not attempt to forecast the cost of any particular proposal to cover additional children, and in the end, the actual structure of any particular proposal will greatly affect the expected cost of the program. For example, if a proposal succeeds in generating additional federal funds to fund additional populations the cost to the state would be lower. At the same time, if a program is designed in a way that motivates children with private insurance to join the new, subsidized children’s insurance program, the costs to the state could be higher.

## Conclusions and Policy Implications

In general, children in Georgia are actually more likely to have health insurance, when compared to non-elderly adult Georgians (19-64). This is likely due to the more generous Medicaid eligibility thresholds for children and the existence of the PeachCare for Kids program. For example, while approximately 39.8% of non-elderly adults in Georgia with incomes below 200% FPL do not have health insurance, the greater availability of public insurance programs for children helps lower the uninsured rate to approximately 18.5% for children from families with incomes under 200% FPL. While the uninsured rate is much lower for children than for non-elderly adults, the fact that so many children do not have insurance creates problems.

Children without insurance are more likely to have unmet healthcare needs, less likely to have a regular source of healthcare, and miss more school for health reasons than do uninsured children. At the same time, when uninsured children receive services they are more likely to get them in an emergency room. If these children utilize uncompensated care, the costs are eventually borne by the state (through Disproportionate Share Hospital payments) and by private sector healthcare consumers (in the form of higher monthly premiums). In short, while individuals may receive “free care” or “charity care,” the costs for this care are, in reality, paid by other healthcare consumers.

For example, one study estimates that uninsured individuals in Georgia consumed nearly \$1.2 billion in uncompensated healthcare services. This same study estimated that about 50% of these costs are passed on to other healthcare consumers (through higher insurance premiums) and the remaining costs are passed on to taxpayers.<sup>17</sup> Another study further estimates that more than 7% of private health insurance premiums go to offset costs of uncompensated care, costing Georgia families approximately \$746 per year in added premium payments.<sup>18</sup>

While only a portion of these uncompensated costs are a result of services provided to uninsured children, the figures serve to illustrate the fact that Georgia taxpayers and healthcare consumers are already paying for healthcare services for these individuals. Though programmatic expansions could have a direct cost to Georgia's state general fund, at least a portion of the added spending would likely help reduce the amount of uncompensated care provided by Georgia healthcare providers.

One of the most important statistics presented in this brief is that a large majority of the uninsured children in Georgia are actually eligible for existing public health insurance programs. Therefore, increasing the number of children in Georgia with health insurance can start

with outreach programs to enroll these children in Medicaid and PeachCare. As previously noted, GBPI estimates that it would cost the state approximately \$141 to \$157 million to cover the roughly 230,000 children already eligible for Medicaid and Peachcare, and that covering these children would also generate roughly \$253 to \$269 million in additional federal funds. While creating additional health insurance options for children not eligible for existing programs is an important step toward increasing the insurance rates of children in Georgia, policymakers and state officials can and should also find pro-active ways to increase participation in existing programs.

*The Georgia Budget and Policy Institute (GBPI) is an independent, nonprofit, non-partisan organization engaged in research and education on the fiscal and economic health of the state of Georgia. The GBPI provides reliable, accessible and timely analyses to promote greater state government fiscal accountability as a way to improve services to Georgians in need and to promote quality of life for all Georgians.*

<sup>1</sup> National data from the U.S. Census Bureau, Current Population Survey (CPS) 2005 Annual Social and Economic Supplement. [http://pubdb3.census.gov/macro/032005/health/h05\\_000.htm](http://pubdb3.census.gov/macro/032005/health/h05_000.htm). State level data from "Sources of Health Insurance Coverage in Georgia 2004," Tabulations of the March 2005 Annual Social and Economic Supplement to the Current Population Survey by William S. Custer, Ph.D, and Patricia Ketsche, PhD. Center for Health Services research, Robinson College of Business, Inst. Of Health Administration at Georgia State University.

<sup>2</sup> Additional calculations made using data from "Sources of Health Insurance Coverage in Georgia 2004," Custer and Ketsche.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Georgia Medicaid eligibility thresholds are based on federal poverty guidelines released each year. In FY 2006, 100% of the Federal Poverty Level is \$20,000 for a family of four. For more detail on Georgia Medicaid eligibility thresholds and rules see GBPI's Georgia Medicaid Overview report at: <http://gbpi.org/pubs/healthcare/20060515.pdf>

<sup>6</sup> Additional calculations made using data from "Sources of Health Insurance Coverage in Georgia 2004," Custer and Ketsche.

<sup>7</sup> Ibid. Approximately 93,500 uninsured children in Georgia are in families with income under 100% FPL, another 109,800 children are from families with income between 100% and 200% FPL.

<sup>8</sup> Because federal law prohibits children whose parents are employed by the state from receiving SCHIP (PeachCare) coverage, some children who are otherwise income-eligible for PeachCare may not actually enroll in this program.

<sup>9</sup> "The Unmet Health Needs of America's Children." Paul W. Newacheck, Dana C. Hughes, Wun-Ti Hung, Sabrina Wong, and Jeffrey J. Stoddard. *Pediatrics* 2000; 105; 989-997. <http://www.pediatrics.org/cgi/content/full/105/4/S1/989>

<sup>10</sup> "Going Without: America's Uninsured Children." A report prepared for the Robert Wood Johnson Foundation by the State Health Access Data Assistance Center (SHADAC) and the Urban Institute using data from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics and the U.S. Census Bureau's Current Population Survey (CPS). <http://coveringkidsandfamilies.org/press/docs/2005BTSResearchReport.pdf>

<sup>11</sup> Ibid.

<sup>12</sup> Florida Healthy Kids Corporation, 1997 Healthy Kids Annual Report.

<sup>13</sup> Data from "Medicaid Modernization" presentation by Dr. William Custer, Center for Health Services Research, Georgia State University.

<sup>14</sup> "Children's Health Insurance Status and Medicaid/SCHIP Eligibility and Enrollment, 2003." September 2004. American Academy of Pediatrics, Division of Health Policy Research.

<sup>15</sup> FY 2007 weighted Federal Medical Assistance Percentage is approximately 61.6%; estimated PeachCare matching rate is approximately 72%. FY 2004 Medicaid per-year costs for individuals under 20 years of age from FY 2004 DCH Annual report ([http://dch.georgia.gov/vgn/images/portal/cit\\_1210/38/59/53384060dch\\_annual\\_report\\_04.pdf](http://dch.georgia.gov/vgn/images/portal/cit_1210/38/59/53384060dch_annual_report_04.pdf)), calculations made from data on page 10. FY 2005 PeachCare data from PeachCare director Rebecca Kellenberg from May 30, 2006 email.

<sup>16</sup> Estimate rests on assumption that Georgia could continue to receive Federal SCHIP (Title XXI) funds from the federal government which are received at a higher matching rate than are Medicaid (Title XIX) funds. Currently, many states, including Georgia, are reaching their limit on the amount of Federal SCHIP funds they may draw down. Federal SCHIP legislation is up for reauthorization in FFY 2007, however, and the funding formula may change. If these funds are not available, the state could still receive funds for the PeachCare population at the Medicaid matching rate. Under this scenario, the state cost to cover the approximately 114,000 children estimated to be eligible for PeachCare but not enrolled would be approximately \$61 million instead of \$45 million. The federal share would also be reduced to approximately \$99 million.

<sup>17</sup> Data from “Medicaid Modernization” presentation by Dr. William Custer, Center for Health Services Research, Georgia State University.

<sup>18</sup> “Paying a Premium: The added cost of care for the uninsured.” Families USA, June 2005. <http://www.familiesusa.org>

## Appendix 1:

Reports estimating the number of individuals without health insurance generally rely on data from the U.S. Census Bureau’s Annual Social and Economic Supplement (formerly called the March Supplement) to the Current Population Survey (CPS). Compared to administrative Medicaid data (such as enrollment data from the Georgia Department of Community Health, DCH), this U.S. Census data generally report fewer individuals enrolled in Medicaid. As a result, the figures in table 1 showing the number of children enrolled in Georgia’s Medicaid program (and PeachCare) do not match the data shown by DCH. DCH data suggests that possibly 1 million (or more) children were enrolled in these programs in 2004, though the agency notes that some children may be counted in both the PeachCare and Medicaid programs if they move between the 2 programs at some point during the year.

The undercounting of Medicaid (and SCHIP) enrollees by Census CPS data is particularly relevant in that many are concerned that the undercounting leads to an overestimation of the number of individuals without insurance. One study in Minnesota examining the self-reported insurance status of Medicaid-enrollees found this not to be the case, however, as only a small percentage (2.8%) of Medicaid enrollees incorrectly reported that they were uninsured. Medicaid enrollees were more likely to: not have a telephone (18%), not respond (13.8%), respond that they were enrolled in other programs (10.6%), report their enrollment in Medicare but not in Medicaid (dually-eligible individuals), or report other private group insurance. This report can be found at:

<http://www.shadac.umn.edu/img/assets/18528/IssueBrief9.pdf>

## Appendix 2:

The U.S. Department of Health and Human Services (HHS), which is the federal agency that oversees Medicaid, publishes poverty guidelines every year. These guidelines are used to determine eligibility for a variety of federal programs, including Medicaid. The table below summarizes the several of the income standards discussed in the report, based on for the 2006 federal poverty guidelines (also often referred to as the federal poverty level (FPL)). (More information is also available on the HHS website: <http://aspe.hhs.gov/poverty/06poverty.shtml>)

<b>2006 HHS Poverty Guidelines (\$ per year)</b>				
Size of Family or Household	<b>100% FPL</b>	Important Medicaid Eligibility Levels:		
		133% FPL	185% FPL	235% FPL
1	<b>9,800</b>	13,034	18,130	21,658
2	<b>13,200</b>	17,556	24,420	29,172
3	<b>16,600</b>	22,078	30,710	36,686
4	<b>20,000</b>	26,600	37,000	44,200
Additional Person:	<b>3,400</b>	4,522	6,290	7,514