

MEDICAID PURCHASE PLAN (MAPP) PREMIUM CALCULATION WORKSHEET

Name—Member (Last, First, Middle Initial)		
Worker Number	CARES Case Number	PIN

Countable Premium Income

		MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
1.	Enter member's Gross Monthly Income (if member's total monthly income is at or below 100% of the FPL for a group of 1 [MEH 39.5], skip lines 2-9 and enter "0" on line 10).	\$	\$	\$
2.	Determine member's Gross Premium Income by adding 2a and 2b and putting the amount here.	\$	\$	\$
2a.	Enter member's Gross Monthly Unearned Income.	\$	\$	\$
2b.	Enter member's Gross Monthly Earned Income	+	+	+
3	Determine member's total income allowances by adding 3a, 3b, and 3c and putting the total amount here.	\$	\$	\$
3a.	Enter member's Monthly IRWE Expenses	\$	\$	\$
3b.	Enter member's Monthly Medical/Remedial Expenses.	+	\$	\$
3c.	Enter the current COLA disregard from January 1 – the date the new FPL is effective, if applicable.	+	+	+
4.	Countable Premium Income Subtract line 3 from line 2. Enter the amount here.	= \$	= \$	= \$

Net Premium Income

5.	Enter member's Countable Premium Income (from line 4).	\$	\$	\$
6.	Enter 100% FPL for household of 1 (MEH 39.5)	-	-	-
7.	Net Premium Income Subtract line 6 from line 5. If the result is a negative number, enter 0.	= \$	= \$	= \$

Premium

8.	Multiply the amount on line 7 x 0.03. Enter the amount here.	\$	\$	\$
9.	Add minimum premium (only for members with Gross Monthly Income over 100% FPL)	+ \$25	+ \$25	+ \$25
10.	Premium Add lines 8 and 9. Round down to the nearest whole dollar amount. This is the member's monthly premium.	= \$	= \$	= \$