

WISCONSIN CHRONIC DISEASE PROGRAM INCOME DEDUCTIBLE

Under current policy, if your estimated total family annual income is greater than or equal to 200% of the federal poverty level (FPL), you must pay a percentage of your income as an out-of-pocket expense before the Wisconsin Chronic Disease Program (WCDP) will pay for your medical expenses. This out-of-pocket expense is called your income deductible.

The income deductible percentage is based on a formula using the FPL and the family size and income level you report to WCDP each year in the Financial Need Statement. To determine your percentage of income deductible, refer to the income deductible charts below.

As an example, if you have an annual income of \$35,000 and a family size of two, your income deductible is 0.5% of \$35,000 or \$175. You must pay \$175 out of pocket for eligible medical expenses before WCDP can begin to reimburse providers. You may calculate your own income deductible using the tables below. If you need help calculating your deductible, contact your social worker or WCDP at 800-362-3002.

Income Deductible is 0.5% of Family's Annual Income		Income Deductible is 0.75% of Family's Annual Income		Income Deductible is 1% of Family's Annual Income	
200%–250% of 2024 FPL	Family Size	251%–275% of 2024 FPL	Family Size	276%–300% of 2024 FPL	Family Size
\$30,120.00-\$37,650.00	1	\$37,650.01-\$41,415.00	1	\$41,415.01-\$45,180.00	1
\$40,880.00-\$51,100.00	2	\$51,100.01-\$56,210.00	2	\$56,210.01-\$61,320.00	2
\$51,640.00-\$64,550.00	3	\$64,550.01-\$71,005.00	3	\$71,005.01-\$77,460.00	3
\$62,400.00-\$78,000.00	4	\$78,000.01-\$85,800.00	4	\$85,800.01-\$93,600.00	4
\$73,160.00-\$91,450.00	5	\$91,450.01-\$100,595.00	5	\$100,595.01-\$109,740.00	5
\$83,920.00-\$104,900.00	6	\$104,900.01-\$115,390.00	6	\$115,390.01-\$125,880.00	6
\$94,680.00-\$118,350.00	7	\$118,350.01-\$130,185.00	7	\$130,185.01-\$142,020.00	7
\$105,440.00-\$131,800.00	8	\$131,800.01-\$144,980.00	8	\$144,980.01-\$158,160.00	8
\$116,200.00-\$145,250.00	9	\$145,250.01-\$159,775.00	9	\$159,775.01-\$174,300.00	9
\$126,960.00-\$158,700.00	10	\$158,700.01-\$174,570.00	10	\$174,570.01-\$190,440.00	10

Income Deductible is 1.25% of Family's Annual Income		Income Deductible is 2% of Family's Annual Income		Income Deductible is 2.75% of Family's Annual Income	
301%–325% of 2024 FPL	Family Size	326%–350% of 2024 FPL	Family Size	351%–375% of 2024 FPL	Family Size
\$45,180.01-\$48,945.00	1	\$48,945.01-\$52,710.00	1	\$52,710.01-\$56,475.00	1
\$61,320.01-\$66,430.00	2	\$66,430.01-\$71,540.00	2	\$71,540.01-\$76,650.00	2
\$77,460.01-\$83,915.00	3	\$83,915.01-\$90,370.00	3	\$90,370.01-\$96,825.00	3
\$93,600.01-\$101,400.00	4	\$101,400.01-\$109,200.00	4	\$109,200.01-\$117,000.00	4
\$109,740.01-\$118,885.00	5	\$118,885.01-\$128,030.00	5	\$128,030.01-\$137,175.00	5
\$125,880.01-\$136,370.00	6	\$136,370.01-\$146,860.00	6	\$146,860.01-\$157,350.00	6
\$142,020.01-\$153,855.00	7	\$153,855.01-\$165,690.00	7	\$165,690.01-\$177,525.00	7
\$158,160.01-\$171,340.00	8	\$171,340.01-\$184,520.00	8	\$184,520.01-\$197,700.00	8
\$174,300.01-\$188,825.00	9	\$188,825.01-\$203,350.00	9	\$203,350.01-\$217,875.00	9
\$190,440.01-\$206,310.00	10	\$206,310.01-\$222,180.00	10	\$222,180.01-\$238,050.00	10

Income Deductible is 3.5% of Family's Annual Income		Income Deductible is 4.5% of Family's Annual Income	
376%–400% of 2024 FPL	Family Size	Greater than 400% of 2024 FPL	Family Size
\$56,475.01-\$60,240.00	1	Greater than \$60,240.01	1
\$76,650.01-\$81,760.00	2	Greater than \$81,760.01	2
\$96,825.01-\$103,280.00	3	Greater than \$103,280.01	3
\$117,000.01-\$124,800.00	4	Greater than \$124,800.01	4
\$137,175.01-\$146,320.00	5	Greater than \$146,320.01	5
\$157,350.01-\$167,840.00	6	Greater than \$167,840.01	6
\$177,525.01-\$189,360.00	7	Greater than \$189,360.01	7
\$197,700.01-\$210,880.00	8	Greater than \$210,880.01	8
\$217,875.01-\$232,400.00	9	Greater than \$232,400.01	9
\$238,050.01-\$253,920.00	10	Greater than \$253,920.01	10



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Division of Medicaid Services
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