

HEALTH COVERAGE FOR WORKERS WITH DISABILITIES (HCWD)  
PREMIUMS

Individuals with countable income above 200% of FPL must pay a monthly premium in addition to an enrollment fee of \$50 per year. The premiums increase with income range until income exceeds 450% of FPL, at which point a 100% premium is due. The 100% premium is based upon the average claims paid for an individual receiving Medicaid and may change yearly.

**2019 HCWD Premiums (Effective April 1, 2019)**

Federal Poverty Level	Income Range - HCWD Individual	Monthly Premium	Income Range - HCWD Couple	Monthly Premium
0-150%	0 - \$1,562	0	0 - \$2,114	0
151-200%	\$1,562.01 - \$2,082	0	\$2,114.01 - \$2,819	0
201-250%	\$2,082.01 - \$2,603	196	\$2,819.01 - \$3,523	265
251-300%	\$2,603.01 - \$3,123	235	\$3,523.01 - \$4,228	318
301-350%	\$3,123.01 - \$3,643	274	\$4,228.01 - \$4,933	370
351-400%	\$3,643.01 - \$4,164	313	\$4,933.01 - \$5,637	423
401-450%	\$4,164.01 - \$4,684	352	\$5,637.01 - \$6,342	476
451 and above	\$4,684.01 and up	875	\$6,342.01 and up	875