

Medicaid Work Incentive

M-WIN Program Premium Amounts

| MONTHLY GROSS INCOME | PREMIUM |
|-----------------------------|-----------------|
| \$500 or Less | \$15.00 |
| 501 - 700 | \$17.50 |
| 701 - 900 | \$24.50 |
| 901 - 1100 | \$31.50 |
| 1101 - 1300 | \$38.50 |
| 1301 - 1500 | \$45.50 |
| 1501 - 1700 | \$52.50 |
| 1701 - 1900 | \$59.50 |
| 1901 - 2100 | \$66.50 |
| 2101 - 2300 | \$73.50 |
| 2301 - 2500 | \$80.50 |
| 2501 - 2700 | \$87.50 |
| 2701 - 2900 | \$94.50 |
| 2901 - 3100 | \$101.50 |
| 3101 - 3300 | \$108.50 |
| 3301 - 3500 | \$115.50 |
| 3501 - 3700 | \$122.50 |
| 3701 – 3826* | \$129.50 |

*Individuals whose monthly gross income exceeds \$3,826 pay the maximum premium amount of \$129.50.