

Federal Poverty Level Assistance Program (FPL)

PEEHIP provides premium assistance to PEEHIP members with a combined family income of less than or equal to 300% of the Federal Poverty Level (FPL) as defined by federal law. To qualify for FPL assistance, PEEHIP members must furnish acceptable proof of total income based on their most recently filed Federal Income Tax Return. Certification of income level will be effective for the plan year only. Re-certification will be required annually during Open Enrollment. The premium reduction does not automatically renew each year. The premium reduction will apply only to the Hospital Medical premium or HMO premium and only applies to active and retired members. The FPL premium discount is not available to members who are on a Leave of Absence, COBRA, or surviving spouse contract.

Federal Poverty Level Premium Discount		
Over 300% of the FPL	member pays 100% of the member contribution	
equal to or less than 300% but more than 250% of the FPL	member contribution reduced 10%	Member pays 90%
equal to or less than 250% but more than 200% of the FPL	member contribution reduced 20%	Member pays 80%
equal to or less than 200% but more than 150% of the FPL	member contribution reduced 30%	Member pays 70%
equal to or less than 150% but more than 100% of the FPL	member contribution reduced 40%	Member pays 60%
equal to or less than 100% of the FPL	member contribution reduced 50%	Member pays 50%

2011 Federal Poverty Levels (FPL)					
Family Size	100% of FPL	150% of FPL	200% of FPL	250% of FPL	300% of FPL
1 member	\$10,890	\$16,335	\$21,780	\$27,225	\$32,670
2 members	\$14,710	\$22,065	\$29,420	\$36,775	\$44,130
3 members	\$18,530	\$27,795	\$37,060	\$46,325	\$55,590
4 members	\$22,350	\$33,525	\$44,700	\$55,875	\$67,050
5 members	\$26,170	\$39,255	\$52,340	\$65,425	\$78,510
6 members	\$29,990	\$44,985	\$59,980	\$74,975	\$89,970
7 members	\$33,810	\$50,715	\$67,620	\$84,525	\$101,430
8 members	\$37,630	\$56,445	\$75,260	\$94,075	\$112,890