

Northern Cheyenne Tribal Board of Health

Tribal Premium Sponsorship Program

100 Eagle Feathers Street- PO Box 67 – Lame Deer MT 59043

Phone: 406-477-6722 Fax: 406-477-6829

You may be eligible for a premium tax credit if your household income falls within the income bracket below.

If your household size:	You are eligible if your 2018 household income will be:	
	ABOVE this amount* 138% FPL	And BELOW this amount* 400% FPL
1 person	\$1,387 a month \$16,643 a year	\$4,020 a month \$48,240 a year
2 persons	\$1,868 a month \$22,411 a year	\$5,413 a month \$64,960 a year
3 persons	\$2,348 a month \$28,180 a year	\$6,807 a month \$81,680 a year
4 persons	\$2,829 a month \$33,948 a year	\$8,200 a month \$98,400 a year
5 persons	\$3,310 a month \$39,716 a year	\$9,593 a month \$115,120 a year
6 persons	\$3,790 a month \$45,485 a year	\$10,987 a month \$131,840 a year
7 persons	\$4,271 a month \$51,253 a year	\$12,380 a month \$148,560 a year
8 persons*	\$4,752 a month \$57,022 a year	\$13,779 a month \$165,280 a year

*If your household income is below these levels, you may be eligible for **Medicaid** coverage.

INCOME ELIGIBILITY BRACKET

