

## Client Fee Chart at 85% State Median Income (Effective July 1, 2024)

Family Size	Monthly Income		
1	\$2,813.75	\$3,188.91	\$3,188.92
2	\$3,679.52	\$4,170.12	\$4,170.13
3	\$4,545.29	\$5,151.32	\$5,151.33
4	\$5,411.06	\$6,132.53	\$6,132.54
5	\$6,276.83	\$7,113.73	\$7,113.74
6	\$7,142.60	\$8,094.94	\$8,094.95
7	\$7,304.93	\$8,278.92	\$8,278.93
8	\$7,467.27	\$8,462.89	\$8,462.90
9	\$7,629.60	\$8,646.87	\$8,646.88
10	\$7,791.93	\$8,830.84	\$8,830.85
11	\$7,954.26	\$9,014.82	\$9,014.83
12	\$8,116.59	\$9,198.80	\$9,198.81
13	\$8,278.93	\$9,382.77	\$9,382.78
14	\$8,441.26	\$9,566.75	\$9,566.76
15	\$8,603.59	\$9,750.72	\$9,750.73
	<b>No Copay</b>	<b>Copay</b>	<b>Not Eligible</b>

Use the following multipliers to convert various income to Monthly Income:

Weekly	4.334	Twice Monthly	2
Bi-Weekly	2.167	Monthly	1

Example: A two-parent household with three children has one parent working 40 hours per week at \$10.00 per hour. Another parent works 35 hours per week at \$8.50 per hour.

Parent #1: 40 hours x \$10.00/hr =	\$400.00 per week
Parent #2: 35 hours x \$8.50/hr =	\$297.50 per week
Total:	\$697.50 per week

Convert to Monthly amount	\$697.50 x 4.334 =	\$3,022.97
	Monthly Income	\$3,022.97

Under the fee chart for a family of 5, you will see that \$3,022.97 is eligible without a copay.

The amount of your copay is based on a few factors:

- Your Monthly income determines whether you have no copay, have a copay or are not eligible.
- Your copay percentage is based off of the Better Beginnings Star level of the facility your child attends.
- The amount due as your copay is the percentage multiplied by the facility rate per day.

Copay Percentage

2%  
2%  
2%  
2%  
4%

Better Beginnings  
Star Level



SMI Source: <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2024-02-federal-poverty-guidelines-and-state-median-income-estimates>  
as advised by the National Center on Subsidy Innovation and Accountability (NCSIA)

