**Show Me Healthy Women Program Income Guidelines**

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| **Household Size** | **Annual Income** | **Monthly Income** | **Weekly Income** | **Hourly Income** |
| **1** | **$24,980.00** | **$2,082.00** | **$480.00** | **$12.00** |
| **2** | **$33,820.00** | **$2,818.00** | **$650.00** | **$16.26** |
| **3** | **$42,660.00** | **$3,555.00** | **$820.00** | **$20.51** |
| **4** | **$51,500.00** | **$4,292.00** | **$990.00** | **$24.76** |
| **5** | **$60,340.00** | **$5,028.00** | **$1,160.00** | **$29.01** |
| **6** | **$69,180.00** | **$5,765.00** | **$1,330.00** | **$33.26** |
| **7** | **$78,020.00** | **$6,502.00** | **$1,500.00** | **$37.51** |
| **8** | **$86,860.00** | **$7,238.00** | **$1,670.00** | **$41.76** |
| **Each additional person add:** | **$4,420.00** | **$737.00** | **$170.00** | **$4.25** |

* Clients must have an income at or below 200 percent of the federal poverty guidelines. Adjusted gross income on tax return or net amount on pay stub determines income eligibility.

**Insurance Status of Uninsured or Underinsured**

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| **Health Insurance Status ++** |
| * No health insurance
* Health insurance does not cover services
* Client states she is unable to pay deductible
* Have MO Healthnet with Spend-down, but have not met Spend-down
* Income eligible for Medicaid Part B, but unable to pay premium
* Clients eligible t receive Medicare benefits but not enrolled in Medicare should be encouraged to enroll
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| ++ Women with full MO HealthNet (ME Code 05) Medicare part B, POS or HMO health are not eligible for services |