

**TREASURE COAST COMMUNITY HEALTH, INC.**  
**GLISMAN ECHÈL RABÈ REVNI / FANMI GWOSÈ TABLO**  
**REVNI CHAK MWA | EFIKAS 1 Febriye 2024**

PEYE KATEGORI FAMI GWOSÈ	A	B	C	D	E	Peman Konplè 100%	Preziptif Medicaid Elijiblite	Priyorie Medicaid Sib Gwoup
	Rabè Varye ak Liy Sèvis							
	Minimòm							
1	1,255	1,256	1,570	1,884	2,197	>2,510	<2,332	<1,669
		1,569	1,883	2,196	2,510			
2	1,703	1,704	2,130	2,556	2,981	>3,407	<3,151	<2,265
		2,129	2,555	2,980	3,406			
3	2,152	2,153	2,691	3,229	3,767	>4,303	<3,981	<2,862
		2,690	3,228	3,766	4,304			
4	2,600	2,601	3,251	3,901	4,551	>5,200	<4,810	<3,458
		3,250	3,900	4,550	5,200			
5	3,048	3,049	3,811	4,573	5,335	>6,097	<5,639	<4,054
		3,810	4,572	5,334	6,096			
6	3,497	3,498	4,372	5,247	6,121	>6,993	<6,469	<4,651
		4,371	5,246	6,120	6,994			
7	3,945	3,946	4,932	5,919	6,905	>7,890	<7,298	<5,247
		4,931	5,918	6,904	7,890			
8	4,393	4,394	5,492	6,591	7,689	>8,787	<8,128	<5,843
		5,491	6,590	7,688	8,786			
9	4,842	4,843	6,054	7,264	8,475	>9,683	<8,957	<6,439
		6,053	7,263	8,474	9,684			
10	5,290	5,291	6,614	7,936	9,259	>10,580	<9,787	<7,036
		6,613	7,935	9,258	10,580			
Pousantaj Povrete	100% & Anba	101-125%	126-150%	151-175%	176-200%	Plis pase 200%	Mwens pase 185%	Mwens pase 133%

The Current Nominal Payment is \$5.00

For Families over 10 member, add \_\_\_\$448\_\_\_ for each additional family member.

Presumptive Eligibility: For families over 10 members, add \_\_\_\$829\_\_\_\_\_ for each additional member.

Target Group: For family size with over 10 members, add \_\_\_\$596\_\_\_\_\_ for each additional member.