

MEDICAID PURCHASE PLAN (MAPP) PREMIUM CALCULATION WORKSHEET

Member Name		Social Security Number	Filing Date
Cares Case Number	Worker Name		Pin Number
Benefit Month	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Adjusted Countable Unearned Income

1.	Enter Member's Gross Monthly Income (if member's total monthly income is less than 150% of the FPL [MEH 8.1.6], skip Lines 2-10 and enter "0" on Line 11.	\$	\$	\$
2.	Enter Member's Gross Monthly Unearned Income.	\$	\$	\$
3a.	Enter Standard Maintenance Allowance.	\$	\$	\$
3b.	Enter Member's Monthly IRWE Expenses (see the MAPP IRWE Worksheet F-XXXXX).	\$	\$	\$
3c.	Enter Member's Monthly Medical/Remedial Expenses.	\$	\$	\$
3d.	Add Lines 3a, 3b and 3c and enter the total unearned income allowances.	\$	\$	\$
3e.	Enter Member's Special Exempt Income.	\$	\$	\$
4.	Adjusted Countable Unearned Income Subtract Lines 3d and 3e from Line 2 and enter the amount here. If this is a negative amount, put this value as a positive number on Line 6.	\$	\$	\$

Adjusted Earned Income

5.	Enter Member's Total Gross Monthly Earned Income.	\$	\$	\$
6.	Enter amount from Line 4 if that result was a negative number. Enter 0 if Line 4 was a positive number.			
7.	Adjusted Earned Income Subtract Line 6 from Line 5.			

Total Premium

8.	Multiply the amount on Line 7 x 0.03.			
9.	Enter the amount on Line 4. If the amount on Line 4 is less than 0, enter "0."			
10.	Subtotal: Add Line 8 and Line 9.			
11.	Total Premium Find the income range within which the amount on Line 10 falls. Enter the Premium Amount associated with the range in this box.			

Enter the Name of the Individual receiving the monthly billing statement if other than the individual listed above:

Name (First, MI, Last)
