

2018 Low Income Premium and Subsidy Amounts - CMS Pays

Classic Plan (001) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	66.90	29.10
75% Subsidy	74.20	21.80
50% Subsidy	81.50	14.50
25% Subsidy	88.70	7.30
Monthly Premium w/o LIS	96.00	
Value Plan (006) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	3.90	29.10
75% Subsidy	11.20	21.80
50% Subsidy	18.50	14.50
25% Subsidy	25.70	7.30
Monthly Premium w/o LIS	33.00	
Employer Group Plus A (802A) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	87.90	29.10
75% Subsidy	95.20	21.80
50% Subsidy	102.50	14.50
25% Subsidy	109.70	7.30
Monthly Premium w/o LIS	117.00	
Employer Group Plus B (802B) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	40.90	29.10
75% Subsidy	48.20	21.80
50% Subsidy	55.50	14.50
25% Subsidy	62.70	7.30
Monthly Premium w/o LIS	70.00	
Employer Group POS Plan (804) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	51.90	29.10
75% Subsidy	59.20	21.80
50% Subsidy	66.50	14.50
25% Subsidy	73.70	7.30
Monthly Premium w/o LIS	81.00	
Florida Hospital Employer Group Plus C (802A) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	155.90	29.10
75% Subsidy	163.20	21.80
50% Subsidy	170.50	14.50
25% Subsidy	177.70	7.30
Monthly Premium w/o LIS	185.00	

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Florida Hospital Employer Group Plus D (802B) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	95.90	29.10
75% Subsidy	103.20	21.80
50% Subsidy	110.50	14.50
25% Subsidy	117.70	7.30
Monthly Premium w/o LIS	125.00	
Florida Hospital Employer Group POS B Plan (804) – H1099		
	LIS Premium	Subsidy Amounts - CMS Pays
100% Subsidy	140.90	29.10
75% Subsidy	148.20	21.80
50% Subsidy	155.50	14.50
25% Subsidy	162.70	7.30
Monthly Premium w/o LIS	170.00	

Employer Group rates current as of XX/XX/XXXX.