



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024

Parents who have been approved for child care benefits are required to help pay for the cost of their child care.

You **MUST** make a payment, called the Parent Co-Payment, to your child care provider each month. The amount of your parent co-payment is shown on the Approval Notice.

The State will deduct the parent co-payment from the total charges paid to your provider up to the maximum child care rate. **If the co-payment is more than the total charges, the parent pays the lesser amount to the provider and no payment is made by the state.** The Department will not pay for any child care charges over the maximum rate.

Your provider will tell you when to pay the parent co-payment, each week or once a month.

If you have more than one provider, only one provider will be assigned to collect the parent co-payment. The amount of the parent co-payment will be shown on the Approval Notice for the provider assigned to collect the parent co-payment. The Approval Notice will show if the provider is not assigned to collect the parent co-payment.

The amount of your parent co-payment is based on gross monthly income and family size.

The parent co-payment amounts are listed below. If all the children in care are school age and approved for part day care for any month September through May, the amount of the parent co-payment will be reduced by one-half for that month (See "Co-Pay Indicator B" below).



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE A

Co-Pay Indicator A - For any month where the children are non-school age, or from June thru August where the children are school-age, or from September through May where the school-age children are approved for full-time care

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

| Family Size 2 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 1703 | 1.00 |
| 1704 - 1874 | 18.00 |
| 1875 - 2044 | 39.00 |
| 2045 - 2214 | 64.00 |
| 2215 - 2385 | 92.00 |
| 2386 - 2555 | 124.00 |
| 2556 - 2725 | 158.00 |
| 2726 - 2896 | 197.00 |
| 2897 - 3066 | 209.00 |
| 3067 - 3236 | 221.00 |
| 3237 - 3407 | 233.00 |
| 3408 - 3577 | 245.00 |
| 3578 - 3747 | 256.00 |
| 3748 - 3833 | 265.00 |

| Family Size 3 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 2152 | 1.00 |
| 2153 - 2367 | 23.00 |
| 2368 - 2582 | 50.00 |
| 2583 - 2797 | 81.00 |
| 2798 - 3012 | 116.00 |
| 3013 - 3228 | 156.00 |
| 3229 - 3443 | 200.00 |
| 3444 - 3658 | 249.00 |
| 3659 - 3873 | 264.00 |
| 3874 - 4088 | 279.00 |
| 4089 - 4303 | 294.00 |
| 4304 - 4519 | 309.00 |
| 4520 - 4734 | 324.00 |
| 4735 - 4841 | 335.00 |

| Family Size 4 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 2600 | 1.00 |
| 2601 - 2860 | 27.00 |
| 2861 - 3120 | 60.00 |
| 3121 - 3380 | 98.00 |
| 3381 - 3640 | 140.00 |
| 3641 - 3900 | 189.00 |
| 3901 - 4160 | 242.00 |
| 4161 - 4420 | 300.00 |
| 4421 - 4680 | 319.00 |
| 4681 - 4940 | 337.00 |
| 4941 - 5200 | 255.00 |
| 5201 - 5460 | 373.00 |
| 5461 - 5720 | 391.00 |
| 5721 - 5850 | 405.00 |

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period.

| Family Size 2 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 3834 - 3918 | 271.00 |
| 3919 - 4088 | 280.00 |
| 4089 - 4258 | 292.00 |
| 4259 - 4429 | 304.00 |
| 4430 - 4599 | 316.00 |
| 4600 - 4684 | 325.00 |

| Family Size 3 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 4842 - 4949 | 343.00 |
| 4950 - 5164 | 354.00 |
| 5165 - 5379 | 369.00 |
| 5380 - 5594 | 384.00 |
| 5595 - 5810 | 399.00 |
| 5811 - 5917 | 410.00 |

| Family Size 4 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 5851 - 5980 | 414.00 |
| 5981 - 6240 | 428.00 |
| 6241 - 6500 | 446.00 |
| 6501 - 6760 | 464.00 |
| 6761 - 7020 | 482.00 |
| 7021 - 7150 | 496.00 |

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01 <https://www.dhs.state.il.us/page.aspx?item=10568>

| Family Size 2 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 4,520 - 5,113 | 325.00 |

| Family Size 3 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 5918 - 6704 | 410.00 |

| Family Size 4 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 7151 - 7981 | 496.00 |



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE A

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

| Family Size 5 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 3048 | 1.00 |
| 3049 - 3353 | 32.00 |
| 3354 - 3658 | 70.00 |
| 3659 - 3963 | 114.00 |
| 3964 - 4268 | 165.00 |
| 4269 - 4573 | 221.00 |
| 4574 - 4877 | 284.00 |
| 4878 - 5182 | 352.00 |
| 5183 - 5487 | 373.00 |
| 5488 - 5792 | 395.00 |
| 5793 - 6097 | 416.00 |
| 6098 - 6402 | 438.00 |
| 6403 - 6706 | 459.00 |
| 6707 - 6859 | 475.00 |

| Family Size 6 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 3497 | 1.00 |
| 3498 - 3846 | 37.00 |
| 3847 - 4196 | 80.00 |
| 4197 - 4546 | 131.00 |
| 4547 - 4895 | 189.00 |
| 4896 - 5245 | 254.00 |
| 5246 - 5595 | 325.00 |
| 5596 - 5944 | 404.00 |
| 5945 - 6294 | 428.00 |
| 6295 - 6644 | 453.00 |
| 6645 - 6993 | 477.00 |
| 6994 - 7343 | 502.00 |
| 7344 - 7693 | 526.00 |
| 7694 - 7868 | 545.00 |

| Family Size 7 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 3945 | 1.00 |
| 3946 - 4340 | 41.00 |
| 4341 - 4734 | 91.00 |
| 4735 - 5129 | 148.00 |
| 5130 - 5523 | 213.00 |
| 5524 - 5918 | 286.00 |
| 5919 - 6312 | 367.00 |
| 6313 - 6707 | 456.00 |
| 6708 - 7101 | 483.00 |
| 7102 - 7496 | 511.00 |
| 7497 - 7890 | 539.00 |
| 7891 - 8285 | 566.00 |
| 8286 - 8679 | 594.00 |
| 8680 - 8876 | 614.00 |

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period.

| Family Size 5 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 6860 - 7011 | 486.00 |
| 7012 - 7316 | 501.00 |
| 7317 - 7621 | 523.00 |
| 7622 - 7926 | 544.00 |
| 7927 - 8231 | 566.00 |
| 8232 - 8383 | 582.00 |

| Family Size 6 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 7869 - 8042 | 557.00 |
| 8043 - 8392 | 575.00 |
| 8393 - 8742 | 600.00 |
| 8743 - 9091 | 624.00 |
| 9092 - 9441 | 649.00 |
| 9442 - 9616 | 667.00 |

| Family Size 7 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 8877 - 9074 | 628.00 |
| 9075 - 9468 | 649.00 |
| 9469 - 9863 | 677.00 |
| 9864 - 10257 | 704.00 |
| 10258 - 10652 | 732.00 |
| 10653 - 10775 | 753.00 |

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01

<https://www.dhs.state.il.us/page.aspx?item=10568>

| Family Size 5 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 8384 - 9258 | 582.00 |

| Family Size 6 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 9617 - 10535 | 667.00 |

| Family Size 7 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE A

| Family Size 8 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 4393 | 1.00 |
| 4394 - 4833 | 46.00 |
| 4834 - 5272 | 101.00 |
| 5273 - 5711 | 165.00 |
| 5712 - 6151 | 237.00 |
| 6152 - 6590 | 319.00 |
| 6591 - 7029 | 409.00 |
| 7030 - 7469 | 508.00 |
| 7470 - 7908 | 538.00 |
| 7909 - 8347 | 569.00 |
| 8348 - 8787 | 600.00 |
| 8788 - 9226 | 630.00 |
| 9227 - 9665 | 661.00 |
| 9666 - 9885 | 684.00 |

| Family Size 9 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 4842 | 1.00 |
| 4843 - 5326 | 51.00 |
| 5327 - 5810 | 111.00 |
| 5811 - 6294 | 182.00 |
| 6295 - 6778 | 261.00 |
| 6779 - 7263 | 351.00 |
| 7264 - 7747 | 450.00 |
| 7748 - 8231 | 559.00 |
| 8232 - 8715 | 593.00 |
| 8716 - 9199 | 627.00 |
| 9200 - 9683 | 661.00 |
| 9684 - 10168 | 695.00 |
| 10169 - 10652 | 729.00 |
| 10653 - 10894 | 754.00 |

| Family Size 10 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 5290 | 1.00 |
| 5291 - 5819 | 56.00 |
| 5820 - 6348 | 122.00 |
| 6349 - 6877 | 198.00 |
| 6878 - 7406 | 286.00 |
| 7407 - 7935 | 384.00 |
| 7936 - 8464 | 492.00 |
| 8465 - 8993 | 611.00 |
| 8994 - 9522 | 648.00 |
| 9523 - 10051 | 685.00 |
| 10052 - 10580 | 722.00 |
| 10581 - 11109 | 759.00 |
| 11110 - 11493 | 796.00 |

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period.

| Family Size 8 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 9886 - 10105 | 700.00 |
| 10106 - 10544 | 732.00 |
| 10545 - 10983 | 753.00 |
| 10984 - 11014 | 784.00 |

| Family Size 9 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 10895 - 11136 | 771.00 |
| 11137 - 11254 | 797.00 |

| Family Size 10 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01

<https://www.dhs.state.il.us/page.aspx?item=10568>

| Family Size 8 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |

| Family Size 9 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |

| Family Size 10 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE B

Co-Pay Indicator B - For any month September through May where all children are School Age and approved for Part-Day/ School Age care.

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

| Family Size 2 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 1703 | .50 |
| 1704 - 1874 | 9.00 |
| 1875 - 2044 | 19.50 |
| 2045 - 2214 | 32.00 |
| 2215 - 2385 | 46.00 |
| 2386 - 2555 | 62.00 |
| 2556 - 2725 | 79.00 |
| 2726 - 2896 | 98.50 |
| 2897 - 3066 | 104.50 |
| 3067 - 3236 | 110.50 |
| 3237 - 3407 | 116.50 |
| 3408 - 3577 | 122.50 |
| 3578 - 3747 | 128.00 |
| 3748 - 3833 | 132.50 |

| Family Size 3 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 2152 | .50 |
| 2153 - 2367 | 11.50 |
| 2368 - 2582 | 25.00 |
| 2583 - 2797 | 40.50 |
| 2798 - 3012 | 58.00 |
| 3013 - 3228 | 78.00 |
| 3229 - 3443 | 100.00 |
| 3444 - 3658 | 124.00 |
| 3659 - 3873 | 132.00 |
| 3874 - 4088 | 139.50 |
| 4089 - 4303 | 147.00 |
| 4304 - 4519 | 154.50 |
| 4520 - 4734 | 162.00 |
| 4735 - 4841 | 167.50 |

| Family Size 4 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 2600 | .50 |
| 2601 - 2860 | 13.50 |
| 2861 - 3120 | 30.00 |
| 3121 - 3380 | 49.00 |
| 3381 - 3640 | 70.00 |
| 3641 - 3900 | 94.50 |
| 3901 - 4160 | 121.00 |
| 4161 - 4420 | 150.00 |
| 4421 - 4680 | 159.50 |
| 4681 - 4940 | 168.50 |
| 4941 - 5200 | 177.50 |
| 5201 - 5460 | 186.50 |
| 5461 - 5720 | 195.50 |
| 5721 - 5850 | 202.50 |

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period.

| Family Size 2 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 3834 - 3918 | 135.50 |
| 3919 - 4088 | 140.00 |
| 4089 - 4258 | 146.00 |
| 4259 - 4429 | 152.00 |
| 4430 - 4599 | 158.00 |
| 4600 - 4684 | 162.50 |

| Family Size 3 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 4842 - 4949 | 171.50 |
| 4950 - 5164 | 177.00 |
| 5165 - 5379 | 184.50 |
| 5380 - 5594 | 192.00 |
| 5595 - 5810 | 199.50 |
| 5811 - 5917 | 205.00 |

| Family Size 4 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 5851 - 5980 | 207.00 |
| 5981 - 6240 | 214.00 |
| 6241 - 6500 | 223.00 |
| 6501 - 6760 | 232.00 |
| 6761 - 7020 | 241.00 |
| 7021 - 7150 | 248.00 |

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01

<https://www.dhs.state.il.us/page.aspx?item=10568>

| Family Size 2 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 4685 - 5427 | 162.50 |

| Family Size 3 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 5918 - 6704 | 205.00 |

| Family Size 4 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 7151 - 7981 | 248.00 |



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE B

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

| Family Size 5 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 3048 | .50 |
| 3049 - 3353 | 16.00 |
| 3354 - 3658 | 35.00 |
| 3659 - 3963 | 57.00 |
| 3964 - 4268 | 82.50 |
| 4269 - 4573 | 110.50 |
| 4574 - 4877 | 142.00 |
| 4878 - 5182 | 176.00 |
| 5183 - 5487 | 186.50 |
| 5488 - 5792 | 197.50 |
| 5793 - 6097 | 208.00 |
| 6098 - 6402 | 219.00 |
| 6403 - 6706 | 229.50 |
| 6707 - 6859 | 237.50 |

| Family Size 6 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 3497 | .50 |
| 3498 - 3846 | 18.50 |
| 3847 - 4196 | 40.00 |
| 4197 - 4546 | 65.50 |
| 4547 - 4895 | 94.50 |
| 4896 - 5245 | 127.00 |
| 5246 - 5595 | 162.50 |
| 5596 - 5944 | 202.00 |
| 5945 - 6294 | 214.00 |
| 6295 - 6644 | 226.50 |
| 6645 - 6993 | 238.50 |
| 6994 - 7343 | 251.00 |
| 7344 - 7693 | 263.00 |
| 7694 - 7868 | 272.50 |

| Family Size 7 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 3945 | .50 |
| 3946 - 4340 | 20.50 |
| 4341 - 4734 | 45.50 |
| 4735 - 5129 | 74.00 |
| 5130 - 5523 | 106.50 |
| 5524 - 5918 | 143.00 |
| 5919 - 6312 | 183.50 |
| 6313 - 6707 | 228.00 |
| 6708 - 7101 | 241.50 |
| 7102 - 7496 | 255.50 |
| 7497 - 7890 | 269.50 |
| 7891 - 8285 | 283.00 |
| 8286 - 8679 | 297.00 |
| 8680 - 8876 | 307.00 |

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period.

| Family Size 5 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 6860 - 7011 | 243.00 |
| 7012 - 7316 | 250.50 |
| 7317 - 7621 | 261.50 |
| 7622 - 7926 | 272.00 |
| 7927 - 8231 | 283.00 |
| 8232 - 8383 | 291.00 |

| Family Size 6 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 7869 - 8042 | 278.50 |
| 8043 - 8392 | 287.50 |
| 8393 - 8742 | 300.00 |
| 8743 - 9091 | 312.00 |
| 9092 - 9441 | 324.50 |
| 9442 - 9616 | 333.50 |

| Family Size 7 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 8877 - 9074 | 314.00 |
| 9075 - 9468 | 324.50 |
| 9469 - 9863 | 338.50 |
| 9864 - 10257 | 352.00 |
| 10258 - 10652 | 366.00 |
| 10653 - 10775 | 376.50 |

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01

<https://www.dhs.state.il.us/page.aspx?item=10568>

| Family Size 5 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 8384 - 9258 | 291.00 |

| Family Size 6 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 9617 - 10535 | 333.50 |

| Family Size 7 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |



IMPORTANT PARENT COPAYMENT INFORMATION

Effective July 1, 2024 - TABLE B

Maximum Monthly Income and Monthly Co-Pay by Family Size and Income Level at Time of New Application.

| Family Size 8 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 4393 | .50 |
| 4394 - 4833 | 23.00 |
| 4834 - 5272 | 50.50 |
| 5273 - 5711 | 82.50 |
| 5712 - 6151 | 118.50 |
| 6152 - 6590 | 159.50 |
| 6591 - 7029 | 204.50 |
| 7030 - 7469 | 254.00 |
| 7470 - 7908 | 269.00 |
| 7909 - 8347 | 284.50 |
| 8348 - 8787 | 300.00 |
| 8788 - 9226 | 315.00 |
| 9227 - 9665 | 330.50 |
| 9666 - 9885 | 342.00 |

| Family Size 9 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 4842 | .50 |
| 4843 - 5326 | 25.50 |
| 5327 - 5810 | 55.50 |
| 5811 - 6294 | 91.00 |
| 6295 - 6778 | 130.50 |
| 6779 - 7263 | 175.50 |
| 7264 - 7747 | 225.00 |
| 7748 - 8231 | 279.50 |
| 8232 - 8715 | 296.50 |
| 8716 - 9199 | 313.50 |
| 9200 - 9683 | 331.50 |
| 9684 - 10168 | 347.50 |
| 10169 - 10652 | 364.50 |
| 10653 - 10894 | 377.50 |

| Family Size 10 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 0 - 5290 | .50 |
| 5291 - 5819 | 28.00 |
| 5820 - 6348 | 61.00 |
| 6349 - 6877 | 99.00 |
| 6878 - 7406 | 143.00 |
| 7407 - 7935 | 192.00 |
| 7936 - 8464 | 246.00 |
| 8465 - 8993 | 305.50 |
| 8994 - 9522 | 324.00 |
| 9523 - 10051 | 342.50 |
| 10052 - 10580 | 361.00 |
| 10581 - 11109 | 379.50 |
| 11110 - 11493 | 398.00 |

Income can extend to the following ranges at the time of Redetermination and qualify for a new 12-month eligibility period.

| Family Size 8 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 9886 - 10105 | 350.50 |
| 10106 - 10544 | 361.50 |
| 10545 - 10983 | 376.50 |
| 10984 - 11014 | 392.00 |

| Family Size 9 | |
|----------------|----------------|
| Monthly Income | Monthly Co-Pay |
| 10895 - 11136 | 385.50 |
| 11137 - 11254 | 398.50 |

| Family Size 10 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |

Family Income in the following ranges at the time of redetermination will result in a 3-month eligibility extension, known as a Graduated Phase Out for more information, see CCAP Policy 02.03.01

<https://www.dhs.state.il.us/page.aspx?item=10568>

| Family Size 8 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |

| Family Size 9 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |

| Family Size 10 | |
|-------------------|----------------|
| Monthly Income | Monthly Co-Pay |
| See Maximum Above | |