FAMILY OF FOUR - AREA 5

The charts below provide the lowest monthly cost of health insurance for a family of four living in the selected region shown in orange above, based on annual income (a detailed county listing for each region is on page 8). You can see if you qualify for no-cost or low-cost programs like Medical Assistance and Minnesota Care, or if you are eligible for premium assistance (tax credits) that will lower your monthly health care costs

BRONZE PLAN - FAMILY OF FOUR							
	Income up to $31,322	$31,323 - $47,100		$47,101 – $64,762		$64,763 – $94,200	Above $94,201
		Kids	Parents	Kids	Parents		
MONTHLY PLAN COST	n/a	n/a	n/a	n/a	$258	$446	$446
PREMIUM ASSISTANCE	Medical Assistance	Medical Assistance	MinnesotaCare	Medical Assistance	$5 - $0	$123 - $0	NONE
CONSUMER COST	**$0**	**$0**	**$42 - $100**	**$0**	**$253 - $258**	**$323 - $446**	**$446**

SILVER PLAN - FAMILY OF FOUR							
	Income up to $31,322	$31,323 - $47,100		$47,101 – $64,762		$64,763 – $94,200	Above $94,201
		Kids	Parents	Kids	Parents		
MONTHLY PLAN COST	n/a	n/a	n/a	n/a	$344	$595	$595
PREMIUM ASSISTANCE	Medical Assistance	Medical Assistance	MinnesotaCare	Medical Assistance	$5 - $0	$123 - $0	NONE
CONSUMER COST	**$0**	**$0**	**$42 - $100**	**$0**	**$339 - $344**	**$472 - $595**	**$595**

GOLD PLAN - FAMILY OF FOUR							
	Income up to $31,322	$31,323 - $47,100		$47,101 – $64,762		$64,763 – $94,200	Above $94,201
		Kids	Parents	Kids	Parents		
MONTHLY PLAN COST	n/a	n/a	n/a	n/a	$402	$694	$694
PREMIUM ASSISTANCE	Medical Assistance	Medical Assistance	MinnesotaCare	Medical Assistance	$5 - $0	$123 - $0	NONE
CONSUMER COST	**$0**	**$0**	**$42 - $100**	**$0**	**$397 - $402**	**$571 - $694**	**$694**

PLATINUM PLAN - FAMILY OF FOUR							
	Income up to $31,322	$31,323 - $47,100		$47,101 – $64,762		$64,763 – $94,200	Above $94,201
		Kids	Parents	Kids	Parents		
MONTHLY PLAN COST	n/a	n/a	n/a	n/a	$430	$742	$742
PREMIUM ASSISTANCE	Medical Assistance	Medical Assistance	MinnesotaCare	Medical Assistance	$5 - $0	$123 - $0	NONE
CONSUMER COST	**$0**	**$0**	**$42 - $100**	**$0**	**$425 - $430**	**$619 - $742**	**$742**