

Ohio Department of Medicaid
MEDICAID AGED, BLIND AND DISABLED DEEMING CALCULATOR

Spouse to Spouse Deeming

Consumer Name:

Case/Cat/Seq:

Worker ID:

Application Date (MM/DD/YY):

Today's Date:

Ineligible Spouse's <u>Earned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Ineligible Spouse's Gross Earned Income:	<input type="text"/>
Income Deductions and Disregards from Earned Income	
Child Support Paid:	<input type="text"/>
Other Deductions or Disregards from Earned Income:	<input type="text"/>
Ineligible Spouse's Countable Earned Income:	\$0

Ineligible Spouse's <u>Unearned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Ineligible Spouse's Gross Unearned Income:	<input type="text"/>
Income Deductions and Disregards from Unearned Income	
Child Support Paid:	<input type="text"/>
Other Deductions or Disregards from Unearned Income:	<input type="text"/>
Ineligible Spouse's Countable Unearned Income:	\$0

Allocation for <u>Ineligible</u> Children or <u>Eligible</u> Sponsored Aliens (no allocation for SSI kids)		
Number of children/aliens in hh with zero income:	<input type="text"/>	
Children/aliens in hh with countable income between \$0 and	#N/A	
#N/A #N/A	#N/A #N/A	#N/A #N/A
#N/A #N/A	#N/A #N/A	#N/A #N/A
#N/A #N/A	#N/A #N/A	#N/A #N/A
#N/A #N/A	#N/A #N/A	#N/A #N/A
#N/A #N/A	#N/A #N/A	#N/A #N/A
Ineligible child or Eligible sponsored alien allocation amount:	#N/A	
Ineligible spouse's income after allocation:	#N/A	

Eligible Spouse's <u>Earned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Spouse's Gross Earned Income:	<input type="text"/>
Income Deductions and Disregards from Earned Income	
Enter All Deductions or Disregards from Earned Income:	<input type="text"/>
Eligible Spouse's Countable Earned Income:	\$0

Eligible Spouse's <u>Unearned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Spouse's Gross Unearned Income:	<input type="text"/>
Income Deductions and Disregards from Unearned Income	
Enter All Deductions or Disregards from Unearned Income:	<input type="text"/>
Eligible Spouse's Countable Unearned Income:	\$0

	#N/A
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Combined Unearned:	#N/A
Combined Earned:	#N/A
Unearned Income minus \$20 Unearned Income Exclusion:	#N/A
Earned Income minus \$65 and 1/2 Exclusion:	#N/A
Couple's Countable Income:	#N/A

Spenddown Calculation (follow 5101:1-39-10(D) for definitions)	
Medical ins. premiums of eligible spouse and family members:	<input type="text"/>
Current incurred medical expenses:	<input type="text"/>
Monthly portion of UPMBs of eligible spouse and family members:	<input type="text"/>

Track manually

	#N/A
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Medicare Premium Assistance Programs (MPAP)		
Is eligible spouse receiving Medicare AND applying for Medicare Premium Assistance?	Select Yes or No:	Select one
For QMB, 100% FPL for family size of two:		
For SLMB, 100-120% FPL for family size of two:		
For QI-1, 120-135% FPL for family size of two:		

*** RETRO *** Spouse to Spouse Deeming *** RETRO ***

Consumer Name:		Application Date (MM/DD/YY):	
Case/Cat/Seq:		Today's Date:	11/28/12
Worker ID:		For RETRO budget month (MM/YYYY):	

Please fill in retro budget month above

Ineligible Spouse's Earned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Ineligible Spouse's Gross Earned Income:	
Income Deductions and Disregards from Earned Income	
Child Support Paid:	
Other Deductions or Disregards from Earned Income:	
Ineligible Spouse's Countable Earned Income:	\$0

For RETRO month:

Ineligible Spouse's Unearned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Ineligible Spouse's Gross Unearned Income:	
Income Deductions and Disregards from Unearned Income	
Child Support Paid:	
Other Deductions or Disregards from Unearned Income:	
Ineligible Spouse's Countable Unearned Income:	\$0

Allocation for Ineligible Children or Eligible Sponsored Aliens (no allocation for SSI kids)	
Number of children/aliens in hh with zero income:	
Children/aliens in hh with countable income between \$0 and	#N/A
	Child's/Alien's name
	Income
#N/A #N/A	
Ineligible child or Eligible sponsored alien allocation amount:	#N/A
Ineligible spouse's income after allocation:	#N/A

For RETRO month:

For RETRO month:

Eligible Spouse's Earned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Spouse's Gross Earned Income:	
Income Deductions and Disregards from Earned Income	
Other Deductions or Disregards from Earned Income:	
Eligible Spouse's Countable Earned Income:	\$0

Eligible Spouse's Unearned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Spouse's Gross Unearned Income:	\$1,200.00 #N/A
Income Deductions and Disregards from Unearned Income	
Other Deductions or Disregards from Unearned Income:	
Eligible Spouse's Countable Unearned Income:	\$1,200

For RETRO month:

#N/A	
Combined Unearned:	#N/A
Combined Earned:	#N/A
Unearned Income minus \$20 Unearned Income Exclusion:	#N/A
Earned Income minus \$65 and 1/2 Exclusion:	#N/A
Couple's Countable Income:	#N/A

For RETRO month:

Spenddown Calculation (follow 5101:1-39-10(D) for definitions)	
Medical ins. premiums of eligible spouse and family members:	
Current incurred medical expenses:	
Monthly portion of UPMBs of eligible spouse and family members:	

Track manually

#N/A

Medicare Premium Assistance Programs (MPAP)		
Is eligible spouse receiving Medicare AND applying for Medicare Premium Assistance?	Select Yes or No:	Select one
For QMB, 100% FPL for family size of two:		
For SLMB, 100-120% FPL for family size of two:		
For QI-1, 120-135% FPL for family size of two:		

For RETRO month:

Parent to Child Deeming

Consumer Name:
 Case/Cat/Seq:
 Worker ID:

Application Date (MM/DD/YY):
 Today's Date:

Number of **eligible** children in the household:

Ineligible Parent(s) Earned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
The income of a stepparent who lives with the child is only deemed when the natural or adoptive parent also lives in the household.	
Ineligible Parent(s) Gross Earned Income:	<input type="text"/>
Income Deductions and Disregards from Earned Income	
Child Support Paid:	<input type="text"/>
Other Deductions or Disregards from Earned Income:	<input type="text"/>
Ineligible Parent(s) Countable Earned Income:	\$0

Ineligible Parent(s) Unearned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Ineligible Parent(s) Gross Unearned Income:	<input type="text"/>
Income Deductions and Disregards from Unearned Income	
Child Support Paid:	<input type="text"/>
Other Deductions or Disregards from Unearned Income:	<input type="text"/>
Ineligible Parent(s) Countable Unearned Income:	\$0

Allocation for Ineligible Children or Eligible Sponsored Aliens (no allocation for SSI kids)																	
Number of children/aliens in hh with zero income:	<input type="text"/>																
Children/aliens in hh with countable income between \$0 and	#N/A																
	<table border="1"> <thead> <tr> <th>Child's/Alien's name</th> <th>Income</th> </tr> </thead> <tbody> <tr><td>#N/A #N/A</td><td><input type="text"/></td></tr> </tbody> </table>	Child's/Alien's name	Income	#N/A #N/A	<input type="text"/>												
Child's/Alien's name	Income																
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#N/A #N/A	<input type="text"/>																
#N/A #N/A	<input type="text"/>																
Ineligible child or Eligible sponsored alien allocation amount:	#N/A																
Ineligible parent(s) income after allocation:	#N/A																
Ineligible parent(s) income minus \$20 Exclusion:	#N/A																
Remaining income after \$65 and 1/2 Earned Income Exclusion:	#N/A																

Parental Living Allowance*	
*Not deducted for any parent receiving public income maintenance (PIM) payments; see SI 01320.500 B4 and SI 01320.141 A	
Number of parents in home (includes natural, adoptive, step):	<input type="text"/>
Remaining income after subtracting parental living allowance:	#VALUE!

ERROR* Must input number of parents in home in cell G38 *ERROR

Eligible Child's Earned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Child's Gross Earned Income:	<input type="text"/>
Income Deductions and Disregards from Earned Income	
Student Earned Income:	<input type="text"/>
Grant, Scholarship, Fellowship used for Tuition or Fees:	<input type="text"/>
Other Excluded Income:	<input type="text"/>
Eligible Child's Countable Earned Income:	\$0
Eligible Child's Earned Income minus \$65 and 1/2 Exclusion:	\$0

Eligible Child's Unearned Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Child's Own Unearned Income:	<input type="text"/>
Income Deemed to Eligible Child as Unearned Income:	*ERROR*
Income Deductions and Disregards from Unearned Income	
Grant, Scholarship, Fellowship used for Tuition or Fees:	<input type="text"/>
Other Excluded Income:	<input type="text"/>
Eligible Child's Unearned Income minus \$20 Exclusion:	\$0

Eligible Child's Countable Income (Earned + Unearned):

Spenddown Calculation (follow 5101:1-39-10(D) for definitions)	
Medical ins. premiums of eligible child and family members:	<input type="text"/>
Current incurred medical expenses:	<input type="text"/>
Monthly portion of UPMBs of eligible child and family members:	<input type="text"/>

Track manually

***ERROR* Must input number of eligible children in cell G6**

Medicare Premium Assistance Programs (MPAP)		
Is eligible child receiving Medicare AND applying for Medicare Premium Assistance?	Select Yes or No:	Select one
For QMB, 100% FPL for family size of one:	<input type="text"/>	
For SLMB, 100-120% FPL for family size of one:	<input type="text"/>	
For QI-1, 120-135% FPL for family size of one:	<input type="text"/>	

*** RETRO *** Parent to Child Deeming *** RETRO ***
 Consumer Name: [] Application Date (MM/DD/YY): []
 Case/Cat/Seq: [] Today's Date: 11/28/12
 Worker ID: [] For RETRO budget month (MM/YYYY): []

Please fill in retro budget month above

Number of eligible children in the household: []

Ineligible Parent(s) Earned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)
 The income of a stepparent who lives with the child is only deemed when the natural or adoptive parent also lives in the household.

Ineligible Parent(s) Gross Earned Income: []
Income Deductions and Disregards from Earned Income
 Child Support Paid: []
 Other Deductions or Disregards from Earned Income: []
 Ineligible Parent(s) Countable Earned Income: \$0

For RETRO month: []

Ineligible Parent(s) Unearned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

Ineligible Parent(s) Gross Unearned Income: []
Income Deductions and Disregards from Unearned Income
 Child Support Paid: []
 Other Deductions or Disregards from Unearned Income: []
 Ineligible Parent(s) Countable Unearned Income: \$0

Allocation for Ineligible Children or Eligible Sponsored Aliens
 (no allocation for SSI kids)

Number of children/aliens in hh with zero income: []
 Children/aliens in hh with countable income between \$0 and #N/A

#N/A	#N/A	Child's/Alien's name	Income
#N/A	#N/A		

Ineligible child or eligible sponsored alien allocation amount: #N/A
 Ineligible parent(s) income after allocation: #N/A
 Ineligible parent(s) income minus \$20 Exclusion: #N/A
 Remaining income after \$65 and 1/2 Earned Income Exclusion: #N/A

For RETRO month: []

Parental Living Allowance*

*Not deducted for any parent receiving public income maintenance (PIM) payments; see [SI 01320.500 B4](#) and [SI 01320.141 A](#)

Number of parents in home (includes natural, adoptive, step): []
 Remaining income after subtracting parental living allowance: #VALUE!

For RETRO month: []

ERROR Must input number of parents in home in cell G38 *ERROR*

Eligible Child's Earned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

Eligible Child's Gross Earned Income: []
Income Deductions and Disregards from Earned Income
 Student Earned Income: []
 Grant, Scholarship, Fellowship used for Tuition or Fees: []
 Other Excluded Income: []
 Eligible Child's Countable Earned Income: \$0
 Eligible Child's Earned Income minus \$65 and 1/2 Exclusion: \$0

For RETRO month: []

Eligible Child's Unearned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

Eligible Child's Own Unearned Income: []
 Income Deemed to Eligible Child as Unearned Income: *ERROR*

Income Deductions and Disregards from Unearned Income
 Grant, Scholarship, Fellowship used for Tuition or Fees: []
 Other Excluded Income: []
 Eligible Child's Unearned Income minus \$20 Exclusion: \$0

Eligible Child's Countable Income (Earned + Unearned): #VALUE!

Spenddown Calculation (follow 5101:1-39-10(D) for definitions)

Medical ins. premiums of eligible child and family members: []
 Current incurred medical expenses: []
 Monthly portion of UPMBs of eligible child and family members: []

For RETRO month: []

Track manually

ERROR Must input number of eligible children in cell G6

Medicare Premium Assistance Programs (MPAP)

Is eligible child receiving Medicare AND applying for Medicare Premium Assistance?	Select Yes or No:	Select one
For QMB, 100% FPL for family size of one:		
For SLMB, 100-120% FPL for family size of one:		
For QI-1, 120-135% FPL for family size of one:		

For RETRO month: []

Spouse/Parent to Spouse and Child(ren) Deeming

Consumer Name:
 Case/Cat/Seq:
 Worker ID:

Application Date (MM/DD/YY):
 Today's Date:

Number of **eligible** individuals in the household (incl. spouse and children):

Is the person named in Cell C2 the Eligible Spouse or an Eligible Child?

Ineligible Spouse/Parent's <u>Earned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
The income of a stepparent who lives with the child is only deemed when the natural or adoptive parent also lives in the household.	
Ineligible Spouse/Parent's Gross Earned Income:	<input type="text"/>
Income Deductions and Disregards from Earned Income	
Child Support Paid:	<input type="text"/>
Other Deductions or Disregards from Earned Income:	<input type="text"/>
Ineligible Spouse/Parent's Countable Earned Income:	\$0

Ineligible Spouse/Parent's <u>Unearned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Ineligible Spouse/Parent's Gross Unearned Income:	#N/A
Income Deductions and Disregards from Unearned Income	
Child Support Paid:	<input type="text"/>
Other Deductions or Disregards from Unearned Income:	<input type="text"/>
Ineligible Spouse/Parent's Countable Unearned Income:	\$0

Allocation for <u>Ineligible</u> Children or <u>Eligible</u> Sponsored Aliens (no allocation for SSI kids)																			
Number of children/aliens in hh with zero income:	<input type="text"/>																		
Children/aliens in hh with countable income between \$0 and	#N/A																		
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Child's/Alien's name	Income																		
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#N/A #N/A	<input type="text"/>																		
#N/A #N/A	<input type="text"/>																		
Ineligible child or Eligible sponsored alien allocation amount:	#N/A																		
Ineligible spouse/parent's income after allocation:	#N/A																		

#N/A	#N/A
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Eligible Spouse's or Child's <u>Earned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Spouse's or Child's Gross Earned Income:	<input type="text"/>
Income Deductions and Disregards from Earned Income	
Student Earned Income:	<input type="text"/>
Grant, Scholarship, Fellowship used for Tuition or Fees:	<input type="text"/>
Other Excluded Income:	<input type="text"/>
Eligible Spouse's or Child's Countable Earned Income:	\$0
Eligible Spouse's or Child's Earned Income minus \$65 and 1/2 Exclusion:	\$0

Eligible Spouse's or Child's <u>Unearned</u> Income - Do Not Enter EXCLUDED Income (see "Income Exclusions" tab for details and list of exclusions)	
Eligible Spouse's or Child's Own Unearned Income:	<input type="text"/>
Income Deemed to Spouse or Child as Unearned Income:	#N/A
Income Deductions and Disregards from Unearned Income	
Grant, Scholarship, Fellowship used for Tuition or Fees:	<input type="text"/>
Other Excluded Income:	<input type="text"/>
Eligible Spouse's or Child's Unearned Income minus \$20 Exclusion:	#N/A

Eligible Spouse's or Child's Countable Income (Earned + Unearned):	#N/A
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Spenddown Calculation (follow 5101:1-39-10(D) for definitions)	
Medical ins. premiums of eligible spouse or child and family members:	<input type="text"/>
Current incurred medical expenses:	<input type="text"/>
Monthly portion of UPMBs of eligible child and family members:	<input type="text"/> <i>Track manually</i>

***ERROR* Must input number of eligible individuals in cell G6**

Medicare Premium Assistance Programs (MPAP)		
Is eligible spouse or child receiving Medicare AND applying for Medicare Premium Assistance?	Select Yes or No:	Select one
For QMB, 100% FPL for family size:		
For SLMB, 100-120% FPL for family size:		
For QI-1, 120-135% FPL for family size:		

Consumer Name: Application Date (MM/DD/YY):
 Case/Cat/Seq: Today's Date: 11/28/12
 Worker ID: For RETRO budget month (MM/YYYY):

Please fill in retro budget month above

Number of eligible individuals in the household (incl. spouse and children):

Is the person named in Cell C2 the Eligible Spouse or an Eligible Child?

For RETRO month:

Ineligible Spouse/Parent's Earned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

The income of a stepparent who lives with the child is only deemed when the natural or adoptive parent also lives in the household.

Ineligible Spouse/Parent's Gross Earned Income:

Income Deductions and Disregards from Earned Income

Child Support Paid:

Other Deductions or Disregards from Earned Income:

Ineligible Spouse/Parent's Countable Earned Income: \$0

For RETRO month:

Ineligible Spouse/Parent's Unearned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

Ineligible Spouse/Parent's Gross Unearned Income: #N/A

Income Deductions and Disregards from Unearned Income

Child Support Paid:

Other Deductions or Disregards from Unearned Income:

Ineligible Spouse/Parent's Countable Unearned Income: \$0

Allocation for Ineligible Children or Eligible Sponsored Aliens
 (no allocation for SSI kids)

Number of children/aliens in hh with zero income:

Children/aliens in hh with countable income between \$0 and #N/A

Child's/Alien's name	Income
#N/A #N/A	

Ineligible child or Eligible sponsored alien allocation amount: #N/A

Ineligible spouse/parent's income after allocation: #N/A

For RETRO month:

For RETRO month:

#N/A #N/A

Eligible Spouse's or Child's Earned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

Eligible Spouse's or Child's Gross Earned Income:

Income Deductions and Disregards from Earned Income

Student Earned Income:

Grant, Scholarship, Fellowship used for Tuition or Fees:

Other Excluded Income:

Eligible Spouse's or Child's Countable Earned Income: \$0

Eligible Spouse's or Child's Earned Income minus \$65 and 1/2 Exclusion: \$0

For RETRO month:

Eligible Spouse's or Child's Unearned Income - Do Not Enter EXCLUDED Income
 (see "Income Exclusions" tab for details and list of exclusions)

Eligible Spouse's or Child's Own Unearned Income:

Income Deemed to Spouse or Child as Unearned Income: #N/A

Income Deductions and Disregards from Unearned Income

Grant, Scholarship, Fellowship used for Tuition or Fees:

Other Excluded Income:

Eligible Spouse's or Child's Unearned Income minus \$20 Exclusion: #N/A

Eligible Spouse's or Child's Countable Income (Earned + Unearned): #N/A

Spenddown Calculation (follow 5101:1-39-10(D) for definitions)

Medical ins. premiums of eligible spouse or child and family members:

Current incurred medical expenses:

Monthly portion of UPMBs of eligible child and family members:

For RETRO month:

Track manually

***ERROR* Must input number of eligible individuals in cell G6**

Medicare Premium Assistance Programs (MPAP)

Is eligible spouse or child receiving Medicare AND applying for Medicare Premium Assistance? Select Yes or No: Select one:

For QMB, 100% FPL for family size:

For SLMB, 100-120% FPL for family size:

For QI-1, 120-135% FPL for family size:

For RETRO month:

Type of income to be excluded:

POMS link

Income excluded by Federal laws other than the Social Security Act;	SI 00830.055
Any public income maintenance payments (OWF, SSI, Disaster Relief, VA payments based on need, etc.), and any income which was counted or excluded in figuring the amount of that payment;	SI 01320.141
Any portion of a grant, scholarship, fellowship, or gift used to pay tuition, fees or other necessary educational expenses;	SI 01320.115
Money received for providing foster care to an ineligible child;	SI 01320.120
The value of food stamps and the value of Department of Agriculture donated foods;	SI 01320.125
Home produce grown for personal consumption;	SI 01320.130
Tax refunds on income, real property, or food purchased by the family;	SI 01320.135
Income used to fulfill an approved plan for achieving self-support (PASS);	SI 01320.140
Any income that is used to comply with the terms of court-ordered support or support payments enforced under title IV-D of the Social Security Act;	SI 01320.145
In-kind support and maintenance;	SI 01320.150
Alaska Longevity Bonus payments;	SI 01320.155
Disaster Assistance;	SI 01320.160
Infrequent or irregular income;	SI 01320.165
Blind work expenses (BWE);	SI 01320.170
Income paid under a Federal, State, or local government program (e.g., payments under title XX of the Social Security Act) to provide chore, attendant, or homemaker services to the eligible individual;	SI 01320.175
Certain home energy assistance and support and maintenance assistance;	SI 01320.180
Student earned income;	SI 00820.510

SSI FBR				
Year	Indiv.	Couple	COLA	Need Std
2010	674	1011		
2011	674	1011		589
2012	698	1048	3.6	611
2013	710	1066	1.7	622
2014				

Federal Poverty Level				
fam size	2011	2012	2013	2014
1	\$10,890	\$11,170		
2	\$14,710	\$15,130		
3	\$18,530	\$19,090		
4	\$22,350	\$23,050		
5	\$26,170	\$27,010		
6	\$29,990	\$30,970		
7	\$33,810	\$34,930		
8	\$37,630	\$38,890		
9	\$41,450	\$42,850		
10	\$45,270	\$46,810		
11	\$49,090	\$50,770		
12	\$52,910	\$54,730		
13	\$56,730	\$58,690		
14	\$60,550	\$62,650		
15	\$64,370	\$66,610		
16	\$68,190	\$70,570		
17	\$72,010	\$74,530		
18	\$75,830	\$78,490		
19	\$79,650	\$82,450		
20	\$83,470	\$86,410		
21	\$87,290	\$90,370		
22	\$91,110	\$94,330		
23	\$94,930	\$98,290		
24	\$98,750	\$102,250		