

# ELIGIBILITY GUIDELINES FOR THE WASHINGTON BREAST & CERVICAL HEALTH PROGRAM (WBCHP)

For WBCHP special considerations, information and/or questions contact: Kris Edwards by phone at 206.205.5864 or by fax at 206.296.0208.

## 1. INSURANCE STATUS

**Client is eligible if she has:**

- No health insurance.
- Insurance that does not cover pap tests, breast exams or mammograms (Examples: catastrophic insurance policy OR Medicare Part A, hospital coverage but **not** Medicare Part B, outpatient coverage)
- Insurance with a \$500 deductible **and** the deductible has not been met. If the deductible has been met, the client is eligible for a mammogram only.

**Client is not eligible if she has:**

- Medicaid coverage (DSHS coupons)
- Medicare Part B, outpatient coverage
- Basic Health Plan insurance

## 2. AGE

- Clients between 40 and 64 are eligible.
- Clients between 35 and 40 are eligible only if they have suspicious breast symptoms that have been confirmed by a provider. **The provider must recommend a mammogram or ultrasound.**

## 3. INCOME

Total household income must be between 0 and 250% of the Federal Poverty Level (see chart below).

Family Size	Monthly Income	Annual Income
1	Up to \$2,127	Up to \$25,525
2	Up to \$2,852	Up to \$34,225
3	Up to \$3,577	Up to \$42,925
4	Up to \$4,302	Up to \$51,625
5	Up to \$5,027	Up to \$60,325
6	Up to \$5,752	Up to \$69,025
7	Up to \$6,477	Up to \$77,725
8	Up to \$7,202	Up to \$86,425

For family size greater than eight, add \$725 (monthly) or \$8,700 (annual) for each additional member.