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## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: CT-14-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Connecticut consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:

<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

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**SEP 11 2014**

Kate McEvoy, Esq.  
Director, Division of Health Services  
State of Connecticut Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06106

Dear Ms. McEvoy:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number CT-14-0001, submitted on June 17, 2014. This SPA is related to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

In SPA number CT-14-0001, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children. And page CS10 allows the state to cover children who have access to public employee coverage. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan. A copy of the approved CS10 is attached and supersedes language on children of public employees in Section 4.1.7 of the current CHIP state plan. A copy of the supporting documentation for CS10 is attached and should be incorporated in the current CHIP state plan as an appendix.

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3246  
Facsimile: (410) 786-5882  
E-mail: [Martin.Burian@cms.hhs.gov](mailto:Martin.Burian@cms.hhs.gov)

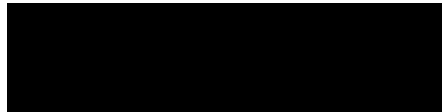
Page 2 – Ms. Kate McEvoy

Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. Richard McGreal, Associate Regional Administrator in our Boston Regional Office. Mr. McGreal's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
JFK Federal Building  
15 New Sudbury St, Room 2325  
Boston, MA 02203-0003

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

A black rectangular redaction box covering the signature of Eliot Fishman.

Eliot Fishman  
Director

Enclosures

cc:

Richard McGreal, Associate Regional Administrator, CMS Region I

Children's Health Insurance Program Eligibility

CT.1079.R00.00 - Jan 01, 2014

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Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Connecticut  
name: Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

CT-14-0001

Type of SPA:

- I Medicaid Expans
- ish 2101(f) Gr
- 
- 

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2102(b)(1)(B)(v) and 2112(e) of the SSA; 42 CFR 457.310, 315 and 320;42 CFR 457.360;a

Federal Budget Impact

This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 426 out of 2000

This SPA describes the MAGI eligibility levels for Connecticut's separate CHIP program. It also describes the CT program for children with special physical health care needs. Finally, the SPA describes the state's income methodology for the CHIP population, which includes and use of current monthly income.

### Signature of State Agency Official

Submitted By: Patricia McCooey

Last Revision Date: Sep 5, 2014

Submit Date: Jun 17, 2014

BACK

CONTINUE



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program MAGI-Based Income Methodologies

CS15

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

- The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.

If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted just as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size.
- Projected annual household income for the remaining months of the current calendar year and family size.

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of the reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes

- The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

An attachment is submitted.

### PRA Disclosure Statement

SEP 11 2014



# CHIP Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children

CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

**Targeted Low-Income Children** - Uninsured children under age 19 whose household income is within standards established by the state.

The CHIP Agency operates this covered group in accordance with the following provisions:

### Age

Must be under age 19.

### Income Standards

Income standards are applied statewide.  Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?  No

### Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
<b>+</b>	0	19	196	318	<b>X</b>

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

### Special Program for Children with Disabilities

Does the state have a special program for children with disabilities?  Yes

Is the program available to all eligible targeted low-income children?  Yes

### Program Description

Describe disability criteria used.

The clinical eligibility standard for the HUSKY Plus Physical (HPP) program is based on diagnostic and/or acuity criteria

SEP 11 2014





# CHIP Eligibility

and shall be the same as those for the Title V program currently operating in the state.

Describe program, including additional benefits offered.

All children determined eligible for HPP will receive care coordination, advocacy, family support and case management services as well as comprehensive multidisciplinary evaluation once a year and up to three follow-up visits per year with members of the multidisciplinary group as needed. In addition, the range of services will include the following to the extent that they are not covered under the HUSKY, Part B benefit package and when such services have been otherwise exhausted under the HUSKY B basic benefit package, including but not limited to, 1) over the counter medications, if medically necessary and related to the condition that qualifies the child for the program; 2) A home health aide provided by a licensed home health agency to assist the family to provide personal care to the child up to ten hours per week; 3) medical or surgical supplies, if medically necessary and related to the condition that qualifies the child for the program; 4) long term rehabilitation or long term physical therapy; 5) durable medical equipment, exclusive of the basic HUSKY B Plan, including, but not limited to, items that assist in the activities of daily living; 6) orthotics and prosthetics; 7) hearing aids; 8) nutritional counseling; and 9) limited non-emergency medical transportation. Certain services are subject to limitations.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CT - 14 - 0001

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Eligibility - Children Who Have Access to Public Employee Coverage

CS10

Sec. 2110(b)(2)(B) and (b)(6) of the SSA

- Children Who Have Access to Public Employee Coverage** - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.

- The CHIP Agency operates this covered group in accordance with the following provisions:

Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:

- Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.  
 Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.

Coverage under this option is extended to children whose household income is:

Select one of the options for the income standard when compared to Targeted Low Income Children

- The same as the standards for Targeted Low-Income Children  
 Lower than the income standards for Targeted Low-Income Children

Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children:

- All children who have access to public employee coverage  
 Certain children who have access to public employee coverage:

- Attach methodology the state has used to calculate maintenance of agency contribution.

An attachment is submitted.

- The state provides assurance that the state will, on an annual basis, recalculate expenditures for each participating public agency to determine if the maintenance effort condition continues to be met.

- Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.

- Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# CHIP Eligibility

V.20140415

Plan: Anthem Blue Cross State Preferred

Year	Total Family		Employee		State Monthly Expenditure	Total Family Annual Premium		Employee Annual Family Premium		State Annual Expenditure	CPI-Medical	Inflation	1997 Annual State Expenditure Increased by CPI
	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium		Annual Premium	Annual Premium	Annual Premium	Annual Premium				
1997	\$650.81	\$151.71	\$499.10	\$7,809.72	\$1,820.52	\$5,989.20	-	-	\$5,989.20	-	-	\$5,989.20	
1998	\$650.81	\$151.71	\$499.10	\$7,809.72	\$1,820.52	\$5,989.20	3.2%	\$191.65	\$6,180.85	3.2%	\$191.65	\$6,180.85	
1999	\$920.24	\$212.26	\$707.98	\$11,042.88	\$2,547.12	\$8,495.76	3.5%	\$216.33	\$6,397.18	3.5%	\$216.33	\$6,397.18	
2000	\$920.24	\$212.26	\$707.98	\$11,042.88	\$2,547.12	\$8,495.76	4.1%	\$262.28	\$6,659.47	4.1%	\$262.28	\$6,659.47	
2001	\$1,057.35	\$243.82	\$813.53	\$12,688.20	\$2,925.84	\$9,762.36	4.6%	\$306.34	\$6,965.80	4.6%	\$306.34	\$6,965.80	
2002	\$1,210.65	\$279.18	\$931.47	\$14,527.80	\$3,350.16	\$11,177.64	4.7%	\$327.39	\$7,293.20	4.7%	\$327.39	\$7,293.20	
2003	\$1,387.77	\$320.02	\$1,067.75	\$16,653.24	\$3,840.24	\$12,813.00	4.0%	\$291.73	\$7,584.93	4.0%	\$291.73	\$7,584.93	
2004	\$1,490.96	\$371.09	\$1,119.87	\$17,891.52	\$4,453.08	\$13,438.44	4.4%	\$333.74	\$7,918.66	4.4%	\$333.74	\$7,918.66	
2005	\$1,534.57	\$353.87	\$1,180.70	\$18,414.84	\$4,246.44	\$14,168.40	4.2%	\$332.58	\$8,251.25	4.2%	\$332.58	\$8,251.25	
2006	\$1,684.23	\$388.38	\$1,295.85	\$20,210.76	\$4,660.56	\$15,550.20	4.0%	\$330.05	\$8,581.30	4.0%	\$330.05	\$8,581.30	
2007	\$1,789.53	\$412.67	\$1,376.86	\$21,474.36	\$4,952.04	\$16,522.32	4.4%	\$377.58	\$8,958.87	4.4%	\$377.58	\$8,958.87	
2008	\$1,916.41	\$441.92	\$1,474.49	\$22,996.92	\$5,303.04	\$17,693.88	3.7%	\$331.48	\$9,290.35	3.7%	\$331.48	\$9,290.35	
2009	\$2,090.21	\$511.17	\$1,579.04	\$25,082.52	\$6,134.04	\$18,948.48	3.2%	\$297.29	\$9,587.64	3.2%	\$297.29	\$9,587.64	
2010	\$2,334.69	\$571.07	\$1,763.62	\$28,016.28	\$6,852.84	\$21,163.44	3.4%	\$325.98	\$9,913.62	3.4%	\$325.98	\$9,913.62	
2011	\$2,413.72	\$590.40	\$1,823.32	\$28,964.64	\$7,084.80	\$21,879.84	3.0%	\$297.41	\$10,211.03	3.0%	\$297.41	\$10,211.03	
2012	\$2,413.72	\$590.40	\$1,823.32	\$28,964.64	\$7,084.80	\$21,879.84	3.7%	\$377.81	\$10,588.84	3.7%	\$377.81	\$10,588.84	
2013	\$2,630.96	\$619.51	\$2,011.45	\$31,571.52	\$7,434.12	\$24,137.40	2.5%	\$264.72	\$10,853.56	2.5%	\$264.72	\$10,853.56	
2014	\$2,912.00	\$651.09	\$2,260.91	\$34,944.00	\$7,813.08	\$27,130.92		\$0.00	\$10,853.56		\$0.00	\$10,853.56	

Plan: Anthem Blue Cross Out of Area

Year	Total Family		Employee		State Monthly Expenditure	Total Family Annual Premium	Employee Annual Family Premium		State Annual Expenditure	CPI-Medical	Inflation	1997 Annual State Expenditure Increased by CPI
	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium								
1997	\$650.81	\$93.12	\$557.69	\$7,809.72	\$1,117.44	\$6,692.28	-		\$6,692.28			
1998	\$650.81	\$93.12	\$557.69	\$7,809.72	\$1,117.44	\$6,692.28	3.2%	\$214.15	\$6,906.43			
1999	\$897.67	\$97.24	\$800.43	\$10,772.04	\$1,166.88	\$9,605.16	3.5%	\$241.73	\$7,148.16			
2000	\$897.67	\$97.24	\$800.43	\$10,772.04	\$1,166.88	\$9,605.16	4.1%	\$293.07	\$7,441.23			
2001	\$1,031.43	\$111.71	\$919.72	\$12,377.16	\$1,340.52	\$11,036.64	4.6%	\$342.30	\$7,783.53			
2002	\$1,180.98	\$127.90	\$1,053.08	\$14,171.76	\$1,534.80	\$12,636.96	4.7%	\$365.83	\$8,149.36			
2003	\$1,353.75	\$146.61	\$1,207.14	\$16,245.00	\$1,759.32	\$14,485.68	4.0%	\$325.97	\$8,475.33			
2004	\$1,376.94	\$170.01	\$1,206.93	\$16,523.28	\$2,040.12	\$14,483.16	4.4%	\$372.91	\$8,848.24			
2005	\$1,415.28	\$176.07	\$1,239.21	\$16,983.36	\$2,112.84	\$14,870.52	4.2%	\$371.63	\$9,219.87			
2006	\$1,553.36	\$193.27	\$1,360.09	\$18,640.32	\$2,319.24	\$16,321.08	4.0%	\$368.79	\$9,588.66			
2007	\$1,651.48	\$205.80	\$1,445.68	\$19,817.76	\$2,469.60	\$17,348.16	4.4%	\$421.90	\$10,010.57			
2008	\$1,836.38	\$203.88	\$1,632.50	\$22,036.56	\$2,446.56	\$19,590.00	3.7%	\$370.39	\$10,380.96			
2009	\$2,001.57	\$240.11	\$1,761.46	\$24,018.84	\$2,881.32	\$21,137.52	3.2%	\$332.19	\$10,713.15			
2010	\$2,233.90	\$277.19	\$1,956.71	\$26,806.80	\$3,326.28	\$23,480.52	3.4%	\$364.25	\$11,077.39			
2011	\$2,309.61	\$287.03	\$2,022.58	\$27,715.32	\$3,444.36	\$24,270.96	3.0%	\$332.32	\$11,409.72			
2012	\$2,309.61	\$287.03	\$2,022.58	\$27,715.32	\$3,444.36	\$24,270.96	3.7%	\$422.16	\$11,831.88			
2013	\$2,517.48	\$301.18	\$2,216.30	\$30,209.76	\$3,614.16	\$26,595.60	2.5%	\$295.80	\$12,127.67			
2014	\$2,807.86	\$316.52	\$2,491.34	\$33,694.32	\$3,798.24	\$29,896.08		\$0.00				

Plan: Anthem Blue Cross POS

Year	Total Family		Employee		State		Total Family		Employee		State Annual Expenditure	CPI-Medical	Inflation	1997 Annual State Expenditure Increased by CPI
	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Expenditure	Annual Premium	Annual Premium	Annual Premium	Annual Premium						
1997	\$592.22	\$93.12	\$499.10	\$7,106.64	\$1,117.44	\$5,989.20	-				\$5,989.20			
1998	\$592.22	\$93.12	\$499.10	\$7,106.64	\$1,117.44	\$5,989.20	3.2%	\$191.65			\$6,180.85			
1999	\$646.84	\$97.24	\$549.60	\$7,762.08	\$1,166.88	\$6,595.20	3.5%	\$216.33			\$6,397.18			
2000	\$646.84	\$97.24	\$549.60	\$7,762.08	\$1,166.88	\$6,595.20	4.1%	\$262.28			\$6,659.47			
2001	\$743.23	\$111.71	\$631.52	\$8,918.76	\$1,340.52	\$7,578.24	4.6%	\$306.34			\$6,965.80			
2002	\$850.99	\$127.90	\$723.09	\$10,211.88	\$1,534.80	\$8,677.08	4.7%	\$327.39			\$7,293.20			
2003	\$975.48	\$146.61	\$828.87	\$11,705.76	\$1,759.32	\$9,946.44	4.0%	\$291.73			\$7,584.93			
2004	\$1,132.16	\$170.01	\$962.15	\$13,585.92	\$2,040.12	\$11,545.80	4.4%	\$333.74			\$7,918.66			
2005	\$1,171.45	\$176.07	\$995.38	\$14,057.40	\$2,112.84	\$11,944.56	4.2%	\$332.58			\$8,251.25			
2006	\$1,285.87	\$193.27	\$1,092.60	\$15,430.44	\$2,319.24	\$13,111.20	4.0%	\$330.05			\$8,581.30			
2007	\$1,369.28	\$205.80	\$1,163.48	\$16,431.36	\$2,469.60	\$13,961.76	4.4%	\$377.58			\$8,958.87			
2008	\$1,356.48	\$203.88	\$1,152.60	\$16,277.76	\$2,446.56	\$13,831.20	3.7%	\$331.48			\$9,290.35			
2009	\$1,470.05	\$250.11	\$1,219.94	\$17,640.60	\$3,001.32	\$14,639.28	3.2%	\$297.29			\$9,587.64			
2010	\$1,629.56	\$277.19	\$1,352.37	\$19,554.72	\$3,326.28	\$16,228.44	3.4%	\$325.98			\$9,913.62			
2011	\$1,685.45	\$287.03	\$1,398.42	\$20,225.40	\$3,444.36	\$16,781.04	3.0%	\$297.41			\$10,211.03			
2012	\$1,685.45	\$287.03	\$1,398.42	\$20,225.40	\$3,444.36	\$16,781.04	3.7%	\$377.81			\$10,588.84			
2013	\$1,837.14	\$301.18	\$1,535.96	\$22,045.68	\$3,614.16	\$18,431.52	2.5%	\$264.72			\$10,853.56			
2014	\$2,032.26	\$316.52	\$1,715.74	\$24,387.12	\$3,798.24	\$20,588.88		\$0.00			\$10,853.56			

Plan: Anthem Blue Cross POE

Year	Total Family		Employee		State		Total Family		Employee		State Annual Expenditure	CPI-Medical	Inflation	1997 Annual State Expenditure Increased by CPI
	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Expenditure	Annual Premium	Annual Premium	Annual Premium	Annual Premium						
1997	\$533.01	\$67.12	\$465.89	\$6,396.12	\$805.44	\$5,590.68	-				\$5,590.68			
1998	\$533.01	\$67.12	\$465.89	\$6,396.12	\$805.44	\$5,590.68	3.2%	\$178.90			\$5,769.58			
1999	\$613.80	\$71.20	\$542.60	\$7,365.60	\$854.40	\$6,511.20	3.5%	\$201.94			\$5,971.52			
2000	\$613.80	\$71.20	\$542.60	\$7,365.60	\$854.40	\$6,511.20	4.1%	\$244.83			\$6,216.35			
2001	\$705.27	\$81.81	\$623.46	\$8,463.24	\$981.72	\$7,481.52	4.6%	\$285.95			\$6,502.30			
2002	\$807.54	\$93.67	\$713.87	\$9,690.48	\$1,124.04	\$8,566.44	4.7%	\$305.61			\$6,807.91			
2003	\$925.70	\$107.38	\$818.32	\$11,108.40	\$1,288.56	\$9,819.84	4.0%	\$272.32			\$7,080.23			
2004	\$1,088.83	\$124.52	\$964.31	\$13,065.96	\$1,494.24	\$11,571.72	4.4%	\$311.53			\$7,391.76			
2005	\$1,125.49	\$130.56	\$994.93	\$13,505.88	\$1,566.72	\$11,939.16	4.2%	\$310.45			\$7,702.21			
2006	\$1,235.46	\$143.32	\$1,092.14	\$14,825.52	\$1,719.84	\$13,105.68	4.0%	\$308.09			\$8,010.30			
2007	\$1,316.09	\$152.67	\$1,163.42	\$15,793.08	\$1,832.04	\$13,961.04	4.4%	\$352.45			\$8,362.75			
2008	\$1,314.82	\$152.52	\$1,162.30	\$15,777.84	\$1,830.24	\$13,947.60	3.7%	\$309.42			\$8,672.17			
2009	\$1,423.90	\$194.34	\$1,229.56	\$17,086.80	\$2,332.08	\$14,754.72	3.2%	\$277.51			\$8,949.68			
2010	\$1,577.10	\$215.27	\$1,361.83	\$18,925.20	\$2,583.24	\$16,341.96	3.4%	\$304.29			\$9,253.97			
2011	\$1,631.29	\$223.65	\$1,407.64	\$19,575.48	\$2,683.80	\$16,891.68	3.0%	\$277.62			\$9,531.59			
2012	\$1,631.29	\$223.65	\$1,407.64	\$19,575.48	\$2,683.80	\$16,891.68	3.7%	\$352.67			\$9,884.26			
2013	\$1,778.11	\$234.67	\$1,543.44	\$21,337.32	\$2,816.04	\$18,521.28	2.5%	\$247.11			\$10,131.37			
2014	\$1,969.05	\$246.62	\$1,722.43	\$23,628.60	\$2,959.44	\$20,669.16	\$0.00				\$10,131.37			