STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
_		

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)		Charge Family Size		Liability Period	Frequency of Charges
	1 or 2	3 or 4	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)

\$150 or less

151 - 200

201 - 250

251 - 300

301 - 350 (UTAH - N/A)

351 - 400

401 - 450

451 - 500

501 - 550

551 - 600

601 - 650

651 - 700

701 - 750

751 - 800

801 - 850

851 - 900

901 - 950

951 - 1000

More than \$1000

ATTACHMENT 4.18-B Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _	UTAH				
Effect on recipient of nonpayment of enrollment fee, premium or similar charge:					
<u>X</u>	Nonpayment does not affect eligibility				
	Effect is as described below:				