MSA-PI-74-6
February 26, 1974

Attachment 4.18-B

State NEBRASKA

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

N O N E

Gross Family Income (per mo.)	Charge Family Size			Liability Period	Freque of Cha
	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					
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					

X Plan
Sub No MS-74-14
Eff. 12/8/74

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State NEBRASKA

Effect on recipient of non-payment of enrollment fee, premium or similar charge: N O N E

/_/ Non-payment does not affect eligibility

/_/ Effect is as described below:

X P/dr
Sub No MS-74-14
Eff. 12/3/74