

February 26, 1974

State/Territory: Nebraska

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

NONE

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

TN No. MS-74-14

Supersedes

Approval Date Dec 3 1974

Effective Date _____

TN No. _____

State/Territory: Nebraska

Effect on recipient of non-payment of enrollment fee, premium or similar charge: NONE

- Non-payment does not affect eligibility
- Effect is as described below:

TN No. MS-74-14

Supersedes

Approval Date Dec 3 1974

Effective Date _____

TN No. _____