

WMS Aid Category Matrix

Last Revised 5/1/17

Data Elements that determine Aid Category				Aid Category Code (WMS 21010, MMIS 1240)	Aid Category (AC) Description	Prev AC (see Descr tab)	AC Activation Date, if known	AC Deactivation Date, if applicable	Special Shares Indicator	For Reference Only	AC Shares (End shares can be impacted by State/Federal Charge Code and/or other systems or processes)
Case Type (WMS 01060)	Individual Categorical Code (WMS 03110)	SSI Status (WMS 03145)	Coverage Code (WMS 21090)								
20	20,32,33,34,74,75,76,77,78,81,85,86,87,88	----	----	12	IV-E & Non IV-E (FP)	X					50/25/25
20	09	----	----	21	LIF W/out Depriv/SCC (FP)	X				eMedNY calcs AC90 if age 19-64 (refer to AC 90 for Shares)	50/25/25
20	26	----	----	91	TANF/SN/LIFw/out deprivation and SN-NC/SCC (FP)		6/23/2014				50/25/25
20	50	----	----	20	Supplement Pay (FNP) 100% State (MA) \$				\$ Funding is 100% State funds		0/100/0
20	15	----	----	P1	LIF W/out Depriv (FP)		10/17/2011				50/25/25
20	42,43,73,92	----	----	P7	ADC Medically Needy (FP)		10/17/2011				50/25/25
20	48	----	----	P2	LIF Related W/Depriv (FP)		10/17/2011				50/25/25
20	10	1,3,4,5,blank	----	24	MA Aged (FP)						50/25/25
20	11	1,3,4,5,blank	----	25	MA Blind (FP)						50/25/25
20	12,17	1,3,4,5,blank	----	26	MA Disabled (FP)						50/25/25
20	Blank,21,22,25	----	----	27	ADC Medically Needy (FP)						50/25/25
20	01-06,08,13,41	----	----	32	LIF Related w/depriv (FP)	X					50/25/25
20	16	2,3,blank	----	28	Public Home (FNP)						0/50/50
20	47,91	----	----	31	Poverty Level Child (FP) **				**Based on 9/30/83 DOB, either Title 19 or 21		50/25/25
20	35	----	----	35	Pres Elig. LTC (FNP) State/Local						0/50/50
20	09,26,39	1,2,3,4,blank	07	38	Alien Eligibility (FP)+	X					50/25/25
20	37	----	----	37	Alien Eligibility (FNP)						0/50/50
20	39	----	----	39	FNP Parent Liv Child (FP)	X					50/25/25
20	31	2,3,blank		40	Public Shelter NYC (FNP) 100% Local						0/0/100
20	36	----	13	41	Pres. Elig Prenatal A (FP)						50/25/25
20	36	----	14	42	Pres. Elig Prenatal B (FP)						50/25/25
20	15,36,42,43,48,58,59,73,92	----	15	43	Prenatal Care (FP)						50/25/25
20	45,51	----	----	44	Infant (223% FPL) (FP) +++	X					50/25/25
20	46	----	----	45	Child 1-6 154% FPL (FP)	X					50/25/25
20	53	----	----	48	Child – Continuous Cov. (FP)						50/25/25
20	54	----	----	49	Expanded-Continuous Cov. (FP) **				**Based on 9/30/83 DOB, either Title 19 or 21		50/25/25
20	----	----	18	56	Family Planning Cov. (FP) ++				++ Family Planning Charge: 90/10/0		90/10/0
20	44	----	----	57	Poverty Level Infant (FP)						50/25/25
20	55	----	----	58	Infant – Continuous Cov. (FP) +++				+++ Charge is 50/50/0		50/50/00
20	10	2	----	53	SSI Pend Aged (FP)						50/25/25
20	11	2	----	54	SSI Pend Blind (FP)						50/25/25
20	12	2	----	55	SSI Pend Disabled (FP)						50/25/25
20	18	----	----	66	Emergency Shelter (FP)						50/25/25

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Case Type (WMS 01060)	Individual Categorical Code (WMS 03110)	SSI Status (WMS 03145)	Coverage Code (WMS 21090)								
20	57	----	06,20,34,36	69	FHP Parents (150% FPL) FP +++	X			+++ Charge is 50/50/0		50/50/00
20	58	----	06,20,34,36	70	FHP Pregnant Woman (100% FPL) (FP) +++	X			+++ Charge is 50/50/0		50/50/00
20	59	----	06,20,34,36	72	FHP Pregnant Woman (200% FPL) (FP) +++	X			+++ Charge is 50/50/0		50/50/00
20	60	----	----	71	Child 6-18 (100-133% FPL) (FP) ***		3/19/2001		***Charge is 65/35/00		65/35/00
20	61	----	----	74	Breast & Cervical Cancer Treatment Program < 65 (FP) #	X	6/21/2001		# Funding is 65/17.5/17.5		65/17.5/17.5
20	62	----	----	75	Breast & Cervical Cancer Treatment Program ≥ 65 (FP)	X	6/21/2001				50/25/25
20	Cat Code Not 15,36,42,43,48, 58,59,73,92	----	11,24	76	Legal Alien (FNP) ##		6/21/2001		## Funding is State and Local (50%/50%) only unless it is an Emergency Claim		0/50/50
20	63	----	----	77	Breast Cancer Treatment Program Male (FNP) ###	X			### Funding is State and Local (50%/50%) regardless of age		(0/50/50)
20	64	----	----	64	Col. & Pros. TP (FNP) \$		2/19/2007		\$ Funding is 100% State funds		0/100/0
20	67	----	----	81	Child Continuous Cov 6-18 (110 - 154% FPL) (FP) ***	X	7/22/2002		****Charge is 88/12/00		88/12/00
20	70	----	----	82	Medicaid Buy-In-Basic Group (FP)		7/21/2003				50/25/25
20	71	----	----	83	Medicaid Buy-In-Medically Improved (FP)		7/21/2003				50/25/25
20	84, 90	----	----	86	Child 6-18 (110-154% FPL) (FP) ***	X	10/17/2011		****Charge is 88/12/00		88/12/00
20	----	----	27	87	Family Planning Extension Post Partum (FNP) \$		10/22/2012		\$ Funding is 100% State funds		0/100/0
20	----	----	25	88	Inpatient OMH (FNP) \$		6/17/2013		\$ Funding is 100% State funds		0/100/0
20	----	----	26	89	Inpatient Prisoner (FP) +++		6/17/2013		+++ Charge is 50/50/0		50/50/00
20	82	----	----	92	MA Former Foster Care		10/21/2018			ICC 82 is valid in Upstate WMS only. NYC will be implementing this in a future update.	50/25/25
20	93, 98	----	----	H0	Adult Group (19-64) S/CC 101-138% (FP) (100/0/0) \$\$\$		2/18/2014		\$\$\$ Funding is 100/0/0		2014 100/0/0 2015 100/0/0 2016 100/0/0 2017 95/2.5/2.5 2018 94/3/3 2019 93/3.5/3.5 2020+ 90/5/5

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Data Elements that determine Aid Category				Aid Category Code (WMS 21010, MMIS 1240)	Aid Category (AC) Description	Prev AC (see Descr tab)	AC Activation Date, if known	AC Deactivation Date, if applicable	Special Shares Indicator	For Reference Only	AC Shares (End shares can be impacted by State/Federal Charge Code and/or other systems or processes)
Case Type (WMS 01060)	Individual Categorical Code (WMS 03110)	SSI Status (WMS 03145)	Coverage Code (WMS 21090)								
20	94, 95	----	----	H1	Adult Group (19-64) Parent & Caretaker Relative >LIF ≤ 138% OR 19-20 >138-155% MOE (FP) (50/25/25) @@	X	2/18/2014		@@Funding is 50/25/25		50/25/25
20	96, 97	----	----	90	S/CC(FP) \$\$	X	12/15/2013		\$\$ Funding is 75/12.5/12.5		\$\$Funding is 2014-75/12.5/12.5 2015-80/10/10 2016-85/7.5/7.5 2017-86/7/7 2018-90/5/5 2019-93/3.5/3.5 2020+-90/5/5
22	09	2,3,4,blank	07	38	Alien Eligibility (FP)↔	X					50/25/25
22	32,33,34,77	----	----	12	IV-E & Non IV-E (FP)	X					50/25/25
22	37	----	----	37	Alien Eligibility (FNP)						0/50/50
22	10	----	----	50	SSI Aged (FP)						50/25/25
22	11	----	----	51	SSI Blind (FP)						50/25/25
22	12	----	----	52	SSI Disabled (FP)						50/25/25
22	18	----	----	66	Emergency Shelter (FP)						50/25/25

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Case Type (WMS 01060)	Individual Categorical Code (WMS 03110)	SSI Status (WMS 03145)	Coverage Code (WMS 21090)								

FOR INFORMATIONAL PURPOSES ONLY: The following Aid Categories are NYSoH Use Only (NOT USED BY WMS)		Prev AC (see dedescr tab)
H2	FHP-APTC >133-150% (FNP) (State only 100%)	X
H3	CHP < 19 Undocumented (FNP) (State only 100%)	
H4	CHP < 19 (65/35/00)	
H5	Undocumented Pregnant Women 0-200% (FNP) (State only 100%)	
B0	Basic Health Plan - Aliessa population <100% FPL No Copays (Not Medicaid, All Charges to BHP Trust Fund)	
B1	Basic Health Plan - Aliessa population. >=100%<=138% FPL. \$0 premium. Some additional benefits. (Not Medicaid, All Charges to BHP Trust Fund)	
B2	Basic Health Plan - >138<=150% FPL and American Indian/Alaskan Native. \$0 Premium. \$0 cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	
B3	Basic Health Plan - >138<=150% FPL. \$0 Premium. Low cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	
B4	Basic Health Plan - >150<=200% FPL and American Indian/Alaskan Native. \$20 Premium. \$0 Cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	
B5	Basic Health Plan - >150 <= 200% FPL. \$20 Premium. Higher cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	

Aid Category Description
Last Revised 8/16/18

AC	Special Shares Indicator	For Reference Only	Description	Aid Category Description Change or Comments
01			FP Default	
02			FNP Default	5/2015 Not currently used, unknown when it stopped being generated
09			PG-ADC-U (FP)	Obsolete 2/19/2007 due to elimination of CT14
10			FA-Family Assistance (FP) - DEFAULT AID CAT FOR CT 11	5/2/16 - Updated description to define this AC is default for CT 11 when ICC/SSI Status/Cov Code is not met
11			ADC-U (FP) - DEFAULT AID CAT FOR CT 12	5/2/16 - Updated description to define this AC is default for CT 12 when ICC/SSI Status/Cov Code is not met. 5/2015 Description changed due to typo in name from ADU-U to ADC-U
12			IV-E & Non IV-E (FP)	10/22/2007 description changed from IV-E to IV-E & Non IV-E
13			PG-ADC (FP)	Obsolete 2/19/2007 due to elimination of CT14
15			Home Relief (FP)	5/2015 Not currently used, unknown when it stopped being generated
16			TANF with Deprivation (FP)	8/16/2018 - Removed reference to ICC 40 as this code is obsolete
17		eMedNY calcs AC90 if age 19-64	TANF without Deprivation (FP)	5/2/16 Added "For Reference Only" column to identify AC calc outside of WMS.
18		eMedNY calcs AC90 if age 19-64	Safety Net w/out deprivation (FP)	5/2/16 Added "For Reference Only" column to identify AC calc outside of WMS.
19		eMedNY calcs AC90 if age 19-64	Safety Net – Non-Cash (FP)	5/2/16 Added "For Reference Only" column to identify AC calc outside of WMS.
20			Supplemental Payment (NYC) (FNP) 100% Local (TA) or 100% State (MA)	
21		eMedNY calcs AC90 if age 19-64	LIF W/out Depriv/SCC (FP)	5/2/16 Added "For Reference Only" column to identify AC calc outside of WMS.
22			RESERVED FOR FUTURE USE	
23			MA-CW (FP)	
24			MA-Aged (FP)	
25			MA-Blind (FP)	
26			MA-Disabled (FP)	
27			ADC Medically Needy (FP)	
28			Public Home (FNP)	
30	*Title 19 Charge: 50/25/25		Presumptive Eligibility for Children (FP)	5/2015 Special Shares Indicator description changed due to discovered typo, Title 21 changed to 19

Aid Category Description
Last Revised 8/16/18

AC	Special Shares Indicator	For Reference Only	Description	Aid Category Description Change or Comments
31	**Based on 9/30/83 birth date, either Title 19 or Title 21 funding		Poverty Level Child (FP)	
32			LIF Related w/deprivation (FP)	5/1/17 AC 32 updated for Case Type 20 with removal of ICC=blank which was determined to be inaccurate
35			Presumptive Eligibility Home Care (FNP) State/Local	
36			RESERVED FOR FUTURE USE	
37			Alien Eligibility (FNP) State/Local	
38			Alien Eligibility (FP)	9/12/16 Special Shares Indicator identifying FNP is incorrect, has been removed.
39			FNP Related Parent Living Child (FP)	5/2/16 Fed share was incorrectly identified. Changed from 0/50/50 to 50/25/25
40			Public Shelter Resident (FNP) 100% Local	
41			Presumptive Eligibility Prenatal A (FP)	
42			Presumptive Eligibility Prenatal B (FP)	
43			Prenatal Care (FP)	
44			Infant (223% FPL) (FP)	5/2/16 Shares were incorrectly identified for MA cases. Removed special indicator. Shares are 50/25/25 for MA and TA. 5/2015 Desc changed from 200% to 223% effective 2/18/14
45			Child 1-6 (154% FPL) (FP)	5/2015 Desc changed from 133% to 154% effective 2/18/14
47			Child Welfare (FNP) 100% Local	
48			Child Continuous Coverage (FP)	
49	**Based on 9/30/83 birth date, either Title 19 or Title 21 funding		Expanded – Continuous Coverage (FP)	
50			SSI Aged (FP)	
51			SSI Blind (FP)	
52			SSI Disabled (FP)	
53			SSI Pend Aged (FP)	
54			SSI Pend Blind (FP)	
55			SSI Pend Disabled (FP)	
56	++Family Planning Services are Charged: 90/10/0		Family Planning Coverage (FP)	
57			Poverty Level Infant (FP)	
58	+++Charge is 50/50/00		Infant – Continuous Coverage (200% FPL) (FP)	
59			CAP/MA Guarantee (FNP)	Obsolete 10/22/2007
60			Safety Net – Aged (FP)	
61			Safety Net – Blind (FP)	

Aid Category Description
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AC	Special Shares Indicator	For Reference Only	Description	Aid Category Description Change or Comments
62			Safety Net – Disabled (FP)	
63			Safety Net – (FP)	5/1/17 AC 63 for Case Type 16 and ICC 30 removed due to ICC 30 being obsolete
64	\$Charge is State only (100%)		Colorectal & Prostate Treatment Programs (FNP)	Activated 2/19/2007
66			Emergency Shelter (FP)	
67			Safety Net w/deprivation (FP)	
68	+++Charge is 50/50/00		FHP Singles/Childless Couples (FP)	5/2/16 FHP program ended 12/31/14 10/1/2005 (Upstate) & 1/1/2006 (NYC) Shares change from 50/25/25 to 50/50/0 due to state takeover of local share
69	+++Charge is 50/50/00		FHP Parents/19-20 years olds (150% FPL) (FP)	5/2/16 FHP program ended 12/31/14 10/1/2005 (Upstate) & 1/1/2006 (NYC) Shares change from 50/25/25 to 50/50/0 due to state takeover of local share 6/4/2003 FPL changes were not in final budget therefore FPL revised back to 150% 4/18/2003 Description revised FPL from 150 to 133%
70	+++Charge is 50/50/00		FHP Pregnant Woman (100% FPL) (FP)	5/2/16 FHP program ended 12/31/14 10/1/2005 (Upstate) & 1/1/2006 (NYC) Shares change from 50/25/25 to 50/50/0 due to state takeover of local share
71	***Charge is 65/35/00		Child 6-18 (100-133% FPL) (FP)	11/28/2006 AC reinstated due to existence of active individuals with this AC. 11/22/2006 Effective 2/19/2007 Removed from matrix due to reduction from 133 to 100% Activated 3/19/2001
72	+++Charge is 50/50/00		FHP Pregnant Woman (200% FPL) (FP)	5/2/16 FHP program ended 12/31/14 6/21/2001 Shares changed from 50/25/25 to 50/50/0
73			Working Disabled Buy-In RESERVED FOR FUTURE USE	5/2015 Confirmed with WMS programmers no logic exists for this AC 3/25/2002 determined will not be used and will be reserved for future use Activated 6/21/2001
74	#Charge is 65/17.5/17.5		Breast & Cervical Cancer Treatment Program less than 65 (FP)	5/2015 Description modified to replace Presumptive Eligibility - Healthy Women Partnership to Breast & Cervical Cancer Treatment Program. Program name change occurred in 2/2007 Activated 6/21/2001
75			Breast & Cervical Cancer Treatment Program greater than or equal to 65 (FP)	5/2015 Description modified to replace Presumptive Eligibility - Healthy Women Partnership to Breast & Cervical Cancer Treatment Program. Program name change occurred in 2/2007 Activated 6/21/2001
76	##Charge is State and Local (50%/50%) only unless it is an Emergency Claim		Legal Alien (FNP)	

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77	###Charge is State and Local (50%/50%) regardless of age		Breast Cancer Treatment Program – Male (FNP)	5/2015 Description modified to replace Presumptive Eligibility - Healthy Women Partnership to Breast & Cervical Cancer Treatment Program. Program name change occurred in 2/2007 Activated 6/21/2001
78			LIF/SN/TL - Cash (FP)	8/16/2018 - Removed reference to ICC 40 as this code is obsolete
79			LIF/SN/TL - NC (FP)	8/16/2018 - Removed reference to ICC 40 as this code is obsolete
80			Disaster Relief Medicaid (FP)	9/28/05 Changed from FNP to FP for Hurricane Katrina Evacuee Relief Activated 3/25/02 and Shares were FNP 0/50/50 ###
81	****Charge is 88/12/00		Child Continuous Coverage (110-154% FPL) (FP)	5/2/16 Federal shares went from 65% to 88% effective 10/1/2015 5/2015 Desc changed from 100-133% to 110-154% effective 2/18/14 11/28/2006 AC reinstated due to existence of active individuals with this AC. 11/22/2006 effective 2/19/2007 Removed from matrix due to reduction from 133 to 100% Activated 7/22/2002
82			Medicaid Buy-In-Disabled Basic Group (FP)	Activated 7/21/2003
83			Medicaid Buy-In-Medically Improved (FP)	Activated 7/21/2003
84			FHP Parents/19-20-years-olds (150% FPL) (FP) RESERVED FOR FUTURE USE	5/2015 Confirmed with WMS programmers no logic exists for this AC 6/4/2003 Removed due to not being in final budget. Available for future use. Activated 5/2003
85			FHP 19/20-160% (FP) RESERVED FOR FUTURE USE	5/2015 Confirmed with WMS programmers no logic exists for this AC. Planned to use in 2011 but decided not to. Reserved for future use.
86	****Charge is 88/12/00		Child 6-18(110-154% FPL) (FP)	5/2/16 Federal shares went from 65% to 88% effective 10/1/2015 5/2015 Desc changed from 101-133% to 110-154% effective 2/18/14 Activated 10/17/2011
87	\$Charge is State only (100%)		Family Planning Extension Program Post Partum (FNP)	Activated 10/22/2012
88	\$Charge is State only (100%)		Inpatient OMH (FNP)	Activated 6/17/2013
89	+++Charge is 50/50/00		Inpatient Prisoner (FP)	Activated 6/17/2013
90	\$\$Funding is 2014-75/12.5/12.5 2015-80/10/10 2016-85/7.5/7.5 2017-86/7/7 2018-90/5/5 2019-93/3.5/3.5 2020+-90/5/5		S/CC (FP)	5/1/17 Added shares for 2020+ of 90/5/5 5/2/16 FHP program ended 12/31/14. Removed "FHP S/CC 0 ≤100%" from description. Updated Shares to reflect correct percentages. Activated 10/15/2013
91			TANF/SN/LIFw/out deprivation and SN-NC/SCC (FP)	Activated 6/23/2014
92			MA Former Foster Care (FP)/Chafee	Activated 10/21/2018 Associated ICC 82 is valid in Upstate WMS only. NYC will be implementing this in a future update.

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H0	\$\$\$Funding is 100/0/0		Adult Group (19-64) S/CC 101-138% (FP) (100/0/0)	Activated 2/18/2014
H1	@@Funding is 50/25/25		Adult Group (19-64) Parent & Caretaker Relatives >LIF≤133 OR 19-20 >138-155% MOE (FP) (50/25/25)	5/2/16 Eliminated reference to "19-20 >LIF≤133" Activated 2/18/2014
P1			LIF W/OUT Depriv (FP)	Activated 10/17/2011
P2			LIF Related W/Depriv (FP)	Activated 10/17/2011
P5			Safety Net W/Out Depriv (FP)	Activated 10/17/2011
P7			ADC Medically Needy (FP)	Activated 10/17/2011
P8			LIF/SN/TL – Cash (FP)	Activated 10/17/2011
P9			P9 LIF/SN/TL – NC (FP)	Activated 10/17/2011
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H2			FHP-APTC >133-150% (FNP) (State only 100%)	5/2/16 FHP program ended 12/31/14 Added for informational purposes 5/15/2013
H3			CHP < 19 Undocumented (FNP) (State only 100%)	Added for informational purposes 5/15/2013
H4			CHP < 19 (65/35/00)	Added for informational purposes 5/15/2013
H5			Undocumented Pregnant Women 0-200% (FNP) (State Only 100%)	Added for informational purposes 5/15/2013
B0			Basic Health Plan - Aliessa population <100% FPL No Copays (Not Medicaid, All Charges to BHP Trust Fund)	Added for informational purposes 5/14/2015
B1			Basic Health Plan - Aliessa population. >=100%< =138% FPL. \$0 premium. Some additional benefits. (Not Medicaid, All Charges to BHP Trust Fund)	Added for informational purposes 5/14/2015
B2			Basic Health Plan - >138<=150% FPL and American Indian/Alaskan Native. \$0 Premium. \$0 cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	Added for informational purposes 5/14/2015
B3			Basic Health Plan - >138<=150% FPL. \$0 Premium. Low cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	Added for informational purposes 5/14/2015
B4			Basic Health Plan - >150<=200% FPL and American Indian/Alaskan Native. \$20 Premium. \$0 Cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	Added for informational purposes 5/14/2015
B5			Basic Health Plan - >150 <= 200% FPL. \$20 Premium. Higher cost sharing (Not Medicaid, All Charges to BHP Trust Fund)	Added for informational purposes 5/14/2015

eMedNY Chart for Funding for AC P1,P2,P7 for S/F 60, 65, 66, 67, 68

Aid Category	S/F Charge Code	Age Range (Yrs)	Fed/Ste Lcl Share Pct
P1	60	0-18	65/35/0
P1	65	0-18	65/35/0
P1	66	0-18	65/35/0
P1	67	0-20	0/50/50
P1	68	0-18	65/35/0
P1	60	19-20	50/25/25
P1	65	19-20	50/25/25
P1	66	19-20	50/25/25
P1	68	19-20	50/25/25
P1	60	21-64	50/25/25
P1	65	21-64	50/25/25
P1	66	21-64	50/25/25
P1	67	21-64	0/50/50
P1	68	21-64	50/25/25
P1	60	65+	50/25/25
P1	65	65+	50/25/25
P1	66	65+	50/25/25
P1	67	65+	0/50/50
P1	68	65+	50/25/25
P2	60	0-18	65/35/0
P2	65	0-18	65/35/0
P2	66	0-18	65/35/0
P2	67	0-20	0/50/50
P2	68	0-18	65/35/0
P2	60	19-20	50/25/25
P2	65	19-20	50/25/25
P2	66	19-20	50/25/25
P2	68	19-20	50/25/25
P2	60	21-64	50/25/25
P2	65	21-64	50/25/25
P2	66	21-64	50/25/25
P2	67	21-64	0/50/50
P2	68	21-64	50/25/25
P2	60	65+	50/25/25
P2	65	65+	50/25/25
P2	66	65+	50/25/25
P2	67	65+	0/50/50
P2	68	65+	50/25/25
P7	60	0-18	65/35/0
P7	65	0-18	65/35/0
P7	66	0-18	65/35/0
P7	67	0-20	0/50/50
P7	68	0-18	65/35/0
P7	60	19-20	50/25/25
P7	65	19-20	50/25/25
P7	66	19-20	50/25/25
P7	68	19-20	50/25/25
P7	60	21-64	50/25/25
P7	65	21-64	50/25/25
P7	66	21-64	50/25/25
P7	67	21-64	0/50/50
P7	68	21-64	50/25/25
P7	60	65+	50/25/25
P7	65	65+	50/25/25
P7	66	65+	50/25/25
P7	67	65+	0/50/50
P7	68	65+	50/25/25