

1/1/10 MEDICAID PROGRAMS INCOME AND RESOURCE LEVELS

Household Size	INCOME LEVELS													RESOURCE LEVELS		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	LIF 1. (Low Income Families) 2. S/CC (Single/Childless Couples)	LIF PW 4+ mo's (Low Income Families with a pregnant woman who is 4 or more months pregnant)	Medically Needy (If over age 65 or on Social Security Disability or approved disabled by the State Disability Team add \$20)	100% 1. Pregnant Women (Receives full services) 2. Children ages 6 - 18 2. COBRA 3. Family Health Plus (FHP) <u>Adults without children</u> under 21 in their household <u>or</u> 19-20 year olds living alone	133% Children ages 1-5	150% Family Health Plus (FHP) <u>Parents with children</u> under age 21 in their household <u>or</u> 19-20 year olds living with their parents	200% 1. Pregnant Women (Receives limited services) 2. Children to age 1 3. Family Planning Benefit Program	100% *Medicare Buy-In QMB	120% *(SLIMB) Selected Low Income Beneficiary's	135% *QI-1	185% *Aids Health Insurance Program (AHIP)	200% QDWI (Qualified Disabled and Working Individuals)	250% 1. Breast and Cervical Cancer Treatment Program. 2. Medicaid Buy-In for Working People With Disabilities (MBI-WPD)	For persons over age 65 or Certified disabled. Most persons under age 65 do not have a resource test No resource test for any Medicare Savings Program regardless of age.	SSI Cash DACs and Pickle cases	QDWIs COBRA
1	\$707	\$757	\$767	\$903	\$1,201	\$1,354	\$1,805	\$903	\$1,083	\$1,219	\$1,670	\$1,805	\$2,257	\$13,800	\$2,000	\$4,000
2	883	933	1117	1,215	1,615	1,822	2,429	1,215	1,457	1,640	2,247	2,429	3,036	20,100	3,000	6,000
3	1050	1100	1285	1,526	2,030	2,289	3,052				2,823			23,115		
4	1219	1269	1452	1,838	2,444	2,757	3,675				3,400			26,130		
5	1394	1444	1620	2,150	2,859	3,224	4,299				3,976			29,145		
6	1522	1572	1787	2,461	3,273	3,692	4,922				4,553			32,160		
7	1656	1706	1955	2,773	3,688	4,159	5,545				5,130			35,175		
8	1829	1879	2122	3,085	4,102	4,627	6,169				5,706			38,190		
	Add \$99 for each additional person	Add \$99 for each additional person	Add \$168 for each additional person	Add \$ 312 for each additional person	Add \$415 for each additional person	Add \$468 for each additional person	Add \$624 for each additional person				Add \$577 for each additional person			Add \$3,015 for each additional person		

A. *No Resource test for these programs. (H, I, J, K)

B. Effective 1/1/10 the resource test will be eliminated for Medicaid applicants/recipients who are not aged (65 and older), certified blind or certified disabled. The resource test will also be eliminated for all Family Health Plus applicants/recipients.

C. For the Medicaid program and Medicaid over age 65 – each household member is allowed an irrevocable burial account of any amount.

D. Spousal Impoverishment Levels: Income - \$2,739 (Year 2009 and 2010). Resources - \$109,560* (Federal Maximum), * In determining the community resource allowance on and after 1/1/09, the community spouse is permitted to retain an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$109,560.

E. Regional Rate: \$8,720

F. Family Member Allowance: \$1,822 (\$608 if no income)

G. Earned Income Disregard for Low Income Family Temporary Assistance cases 28% (effective 6/1/08)

H. Medicare Premium: \$96.40 for persons who already have Part B Medicare. New Medicare Part B recipients in 2010 will pay \$110.50

(SEE REVERSE)

4/1/09 CHILD HEALTH PLUS B PREMIUM LEVELS CHART

Premium Categories by Family Size	Free Insurance	\$9.00 Child/Month- Max \$27/Family	\$15.00 Child/Month- Max \$45/Family	\$20.00 Child/Month- Max \$60/Family	\$30.00 Child/Month- Max \$90/Family	\$40.00 Child/Month- Max \$120/Family	Full Premium*/Child/Month
1	\$1443	\$2004	\$2257	\$2708	\$3159	\$3610	Over \$3610
2	1942	2696	3036	3643	4250	4857	Over 4857
3	2441	3388	3815	4578	5341	6104	Over 6104
4	2939	4080	4594	5513	6432	7350	Over 7350
5	3438	4772	5373	6448	7523	8597	Over 8597
6	3937	5464	6153	7383	8613	9844	Over 9844
Each additional person	+499	+692	+780	+935	+1091	+1247	*The full premium varies, depending on the health plan chosen by the family.

(See Reverse)