

MEDICAID STANDARDS HELP SHEET

Med HH Size	Ribicoff Kids	MAGI Adult (Aid Code)	Parents/ Caretaker Relatives	QMB FPL	MAGI Child (Aid Code)	SLMB	MAGI Adult	QI-1	MAGI Child	MBIWD Premium Calc. & SRS	Children w/Ins.	TMA 2nd Six Months	Pregnant Women and QDWI 200%	Children w/o Insurance	5% of FPL for Family Size*
	44%	66%	90%	100%	107%	120%	133%	135%	141%	150%	156%	185%		206%	
1	\$446	\$668	\$911	\$1,012	\$1,083	\$1,214	\$1,346	\$1,366	\$1,427	\$1,518	\$1,579	\$1,872	\$2,024	\$2,085	\$51
2	\$604	\$906	\$1,235	\$1,372	\$1,468	\$1,646	\$1,825	\$1,852	\$1,935	\$2,058	\$2,140	\$2,538	\$2,744	\$2,826	\$69
3	\$762	\$1,143	\$1,559	\$1,732	\$1,853	\$2,078	\$2,304	\$2,338	\$2,442	\$2,598	\$2,702	\$3,204	\$3,464	\$3,568	\$87
4	\$921	\$1,381	\$1,883	\$2,092	\$2,239	\$2,510	\$2,782	\$2,824	\$2,950	\$3,138	\$3,263	\$3,870	\$4,184	\$4,309	\$105
5	\$1,079	\$1,619	\$2,207	\$2,452	\$2,624	\$2,942	\$3,261	\$3,310	\$3,457	\$3,678	\$3,825	\$4,536	\$4,904	\$5,051	\$123
6	\$1,238	\$1,856	\$2,531	\$2,812	\$3,009	\$3,374	\$3,740	\$3,796	\$3,965	\$4,218	\$4,387	\$5,202	\$5,624	\$5,793	\$141
7	\$1,396	\$2,094	\$2,855	\$3,172	\$3,394	\$3,806	\$4,219	\$4,282	\$4,473	\$4,758	\$4,948	\$5,868	\$6,344	\$6,534	\$159
8	\$1,554	\$2,331	\$3,179	\$3,532	\$3,779	\$4,238	\$4,698	\$4,768	\$4,980	\$5,298	\$5,510	\$6,534	\$7,064	\$7,276	\$177
9	\$1,713	\$2,569	\$3,503	\$3,892	\$4,165	\$4,670	\$5,176	\$5,254	\$5,488	\$5,838	\$6,071	\$7,200	\$7,784	\$8,017	\$195
10	\$1,871	\$2,807	\$3,827	\$4,252	\$4,550	\$5,102	\$5,655	\$5,740	\$5,995	\$6,378	\$6,633	\$7,866	\$8,504	\$8,759	\$213
11	\$2,030	\$3,044	\$4,151	\$4,612	\$4,935	\$5,534	\$6,134	\$6,226	\$6,503	\$6,918	\$7,195	\$8,532	\$9,224	\$9,501	\$231
12	\$2,188	\$3,282	\$4,475	\$4,972	\$5,320	\$5,966	\$6,613	\$6,712	\$7,011	\$7,458	\$7,756	\$9,198	\$9,944	\$10,242	\$249

* Use 5% deduction ONLY when
comparing income to highest FPL
for family size

MEDICAID NEED STD. 1/1/2018

Single	\$750
Couple	\$1,125

DEEMING

Parent to Child	\$375
1 Parent	\$750
2 Parents	\$1,125

SSI PMT (FBR) 1/1/2018

Single	\$750
Couple	\$1,125

MEDICARE DEDUCTIBLE 1/1/2018

Part A	\$1,340
Part B	\$183

MEDICAID RESOURCE LIMIT

Single	\$2,000
Couple	\$3,000

MPAP RESOURCE LIMIT 1/1/2018

Single	\$7,560
Couple	\$11,340

MEDICARE PREMIUM

01/01/18*	\$130.00
*current enrollee premium amount	
1/1/18**	\$134.00
**new enrollee premium amount	

NURSING HOMES (TMEP & TMNA)

SIL and 300% FBR (SRS Max) (Eff. 1/1/18)	\$2,250
PNA NF, ICF/IID (Eff. 1/1/16)	\$50 (to \$115)
SIMNA HCBS Waiver (Eff. 1/1/18)	\$1,463
ALMNA Assisted Living Maintenance Needs (Eff. 1/1/18)	\$750
PRA Protected Resource Amount Min (Eff. 1/1/18)	\$24,720
PRA Protected Resource Amount Max (Eff. 1/1/18)	\$123,600
MMMNA Maximum (Eff. 1/1/18)	\$3,090
MMMNA (Eff. 7/1/17)	\$2,030
ESA Standard (Eff. 7/1/17)	\$609
Avg. Monthly Private Pay Rate (Eff. 9/1/16)	\$6,570
Home Equity Limit (Eff. 1/1/18)	\$572,000
SUA Standard Utility Allowance (Eff. 10/1/17)	\$530
MBIWD Individual Resource Limit (Eff. 1/1/18)	\$11,901
MBIWD 250% FPL (Eff. 3/1/18)	\$2,530