



## Desk Aid

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS							
		Household Size							
		1	2	3	4	5	6	7	
Food Assistance	\$3,250 if one or more age 60 or older or disabled	Gross	\$ 1,180	\$ 1,594	\$ 2,008	\$ 2,422	\$ 2,836	\$ 3,249	\$ 3,663
		Net	\$ 908	\$ 1,226	\$ 1,545	\$ 1,863	\$ 2,181	\$ 2,500	\$ 2,818
	\$2,000 all other households	Max Allotment	\$ 200	\$ 367	\$ 526	\$ 668	\$ 793	\$ 952	\$ 1,052
Expanded FA Cat Elig	None	Household Size							
		1	2	3	4	5	6	7	
		\$ 1,453	\$ 1,962	\$ 2,472	\$ 2,981	\$ 3,490	\$ 4,000	\$ 4,509	
		For each additional household member add \$499.							
FIP	\$2,000 per applicant household	Household Size							
		1	2	3	4	5	6	7	
	\$5,000 per recipient household	Test 1	\$ 675.25	\$1,330.15	\$1,570.65	\$1,824.10	\$2,020.20	\$2,249.60	\$2,469.75
		Test 2	\$ 365	\$ 719	\$ 849	\$ 986	\$ 1,092	\$ 1,216	\$ 1,335
	Test 3	\$ 183	\$ 361	\$ 426	\$ 495	\$ 548	\$ 610	\$ 670	
FMAP and FMAP-Related Medicaid	\$2,000 per applicant household	Household Size							
		1	2	3	4	5	6	7	
	\$5,000 per recipient household	Test 1	\$ 675.25	\$1,330.15	\$1,570.65	\$1,824.10	\$2,020.20	\$2,249.60	\$2,469.75
		Test 2	\$ 365	\$ 719	\$ 849	\$ 986	\$ 1,092	\$ 1,216	\$ 1,335
	Test 3	\$ 183	\$ 361	\$ 426	\$ 495	\$ 548	\$ 610	\$ 670	
Mothers and Children (MAC) Medicaid *	\$10,000 per household	Household Size							
		Poverty Level	1	2	3	4	5	6	7
		300% Preg. women/infants	\$ 2,723	\$ 3,678	\$ 4,633	\$ 5,588	\$ 6,543	\$ 7,498	\$ 8,453
		For each additional household member add \$955.							
		133% Children 1-18	\$ 1,207	\$ 1,631	\$ 2,054	\$ 2,478	\$ 2,901	\$ 3,324	\$ 3,748
For each additional household member add \$424.									
Medically Needy Medicaid *	\$10,000 per household	Medically Needy Income Level (MNIL) by Household Size							
		1	2	3	4	5	6	7	
		\$ 483	\$ 483	\$ 566	\$ 666	\$ 733	\$ 816	\$ 891	

100% Poverty Level	1	2	3	4	5	6	7
	\$ 908	\$ 1,226	\$ 1,545	\$ 1,863	\$ 2,181	\$ 2,500	\$ 2,818
	For each additional household member add \$319.						

300% Poverty Level Medicaid for Kids with Special Needs (MKSNS)	1	2	3	4	5	6	7
	\$ 2,723	\$ 3,678	\$ 4,633	\$ 5,588	\$ 6,543	\$ 7,498	\$ 8,453
	For each additional household member add \$955.						

SSI-Related Medicaid *	\$2,000 for one person  \$3,000 for a couple	Household Size (couple in own home)								
		1				2				
		\$ 674				\$ 1,011				
QMB * (A Medicare Savings Program)	\$6,680 for one person  \$10,020 for a couple	Poverty Level		Household Size						
		Effective 3/1/11		100%	Individual		Couple			
					\$ 908		\$ 1,226			
SLMB * (A Medicare Savings Program)	\$6,680 for one person  \$10,020 for a couple	Poverty Level		Household Size		Income Over		But Less Than		
		Effective 3/1/11		Individual		\$ 908		\$ 1,089		
		Over 100% but less than 120%		Couple		\$ 1,226		\$ 1,471		
Expanded SLMB * (QI-1) (A Medicare Savings Program)	\$6,680 for one person  \$10,020 for a couple	Poverty Level		Household Size		Income		But Less Than		
		Effective 3/1/11		Individual		\$ 1,089		\$ 1,226		
		120% but less than 135%		Couple		\$ 1,471		\$ 1,655		
QDWP Medicaid * (A Medicare Savings Program)	\$4,000 for one person  \$6,000 for a couple	Poverty Level		Household Size						
		Effective 3/1/11		200%	Individual		Couple			
					\$ 1,815		\$ 2,452			
MEPD Medicaid for Employed People with Disabilities	\$12,000 for one person  \$13,000 for a couple	Net countable income is less than 250% FPL	MEPD Income Limit Household Size							
			1	2	3	4	5	6	7	8
			\$ 2,269	\$ 3,065	\$ 3,861	\$ 4,657	\$ 5,453	\$ 6,248	\$ 7,044	\$ 7,840

\* Note: Compare net countable income to the income limits.

IowaCare	Monthly Income Limits IowaCare Household Size						
	1	2	3	4	5	6	7
At or below 200% FPL	\$ 1,815	\$ 2,452	\$ 3,089	\$ 3,725	\$ 4,362	\$ 4,999	\$ 5,635
Below 300% FPL	\$ 2,723	\$ 3,678	\$ 4,633	\$ 5,588	\$ 6,543	\$ 7,498	\$ 8,453

<p>Monthly Medicare Part B Premium (Effective 1-1-2008) \$96.40</p>
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**MEPD Premiums Effective August 1, 2011**

If the gross monthly income of the person getting MEPD is:	FPL	Premium Amount
\$ 1,362 or less	At or below 150%	\$ 0
<b>Above:</b> \$ 1,362	<b>Above:</b> 150%	\$ 34
1,497	165%	44
1,634	180%	54
1,815	200%	65
2,042	225%	75
2,269	250%	86
2,723	300%	106
3,176	350%	127
3,630	400%	148
4,084	450%	169
4,991	550%	209
5,899	650%	250
6,806	750%	292
7,714	850%	335
9,075	1000%	399
10,436	1150%	469
11,798	1300%	560
\$ 13,431 and above	1480%	660

**IowaCare Premiums Effective June 1, 2011**

<b>One</b> IowaCare member and income is at or below the FPL of:	Member's premium amount is:	<b>Two or more</b> members and income is at or below the FPL of:	Member's combined premium amount is:
150% = \$1,362	No cost	150% = \$1,839	No cost
160% = \$1,452	\$50	160% = \$1,962	\$68
170% = \$1,543	\$54	170% = \$2,084	\$72
180% = \$1,634	\$57	180% = \$2,207	\$77
190% = \$1,725	\$60	190% = \$2,330	\$81
200% = \$1,815	\$63	200% = \$2,452	\$85