HUMAN SERVICES DEPARTMENT MEDICAL ASSISTANCE PINSON

AFFORDABLE CARE MEDICAID PROGRAMS

Federal Poverty Level (FPL) Effective 4/1/18 – 3/31/19

DEPARTMENT MEDICAL ASSISTANCE DIVISION		Effect	ive 4/1/	18 - 3/3	1/19				
 Family Planning Serv 12 months eligibility Income must be under No resource standard No Centennial Care Comments 	vices Only er 250% FPL	CO)		enumera starting	tion, Infawith birth The moth eligible for The moth birth and	ant eligible in with the formains, or Medicaio	for Full Me ollowing: or would l l roved for E the infant	cation requiredical for I be if still process EMSA servi	12 months egnant,
 Category 100 – Other Add Alternative Benefit Community Income must be under No resource standard No Medicare on this properties No Pregnancy on this 	Coverage er 133% FPL l program			•	Full Med Income n Househol (5 th degre	nust be und	er Fixed St e a relative ent)	andard child in ho	usehold
 Category 300 – Full Pregr Full Medicaid Income must be under 2 months post-partum No resource standard 		 Category 301- Pregnancy Services Only Pregnancy Services only Income must be under 250% FPL 2 months post-partum No resource standard 							
401 Children402 Children	ildren up to age 19 l Iren have health in oped insurance	9 nsurance PL: 0% 8% -0%		Progra	m (CHI) Full Med No qualif Co-paym No co-pa Income n 4	P) icaid for che fied health i ents on doc yments for nust be und 20 Children	ildren up to nsurance p tor visits, p Native Am er the follo 10-5	lan (QHP) prescription perican child	s, etc. dren 0%
HOUSEHOLD Fixed Standard 10	00% 133%	138%	190%	200%	235%	240%	250%	300%	5% Disregard When Applicable

HOUSEHOLD SIZE	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% Disregard When Applicable
1	\$451	\$1,012	\$1,346	\$1,397	\$1,923	\$2,024	\$2,378	\$2,428	\$2,530	\$3,035	51.00
2	\$608	\$1,372	\$1,825	\$1,893	\$2,607	\$2,744	\$3,224	\$3,292	\$3,430	\$4,115	69.00
3	\$765	\$1,732	\$2,304	\$2,390	\$3,291	\$3,464	\$4,070	\$4,156	\$4,330	\$5,195	87.00
4	\$923	\$2,092	\$2,782	\$2,887	\$3,975	\$4,184	\$4,916	\$5,020	\$5,230	\$6,275	105.00
5	\$1,080	\$2,452	\$3,261	\$3,384	\$4,659	\$4,904	\$5,762	\$5,884	\$6,130	\$7,355	123.00
6	\$1,238	\$2,812	\$3,740	\$3,881	\$5,343	\$5,624	\$6,608	\$6,748	\$7,030	\$8,435	141.00
7	\$1,395	\$3,172	\$4,219	\$4,377	\$6,027	\$6,344	\$7,454	\$7,612	\$7,930	\$9,515	159.00
8	\$1,553	\$3,532	\$4,698	\$4,874	\$6,711	\$7,064	\$8,300	\$8,476	\$8,830	\$10,595	177.00
+1	\$158	\$360	\$479	\$497	\$684	\$720	\$846	\$864	\$900	\$1,080	18.00

*COE 402, 403 the 5% Disregard applies only when Qualified Health Plan exists for the client.

*COE 200 the 5% Disregard applies only if age 65 and above OR Medicare eligible.

MAD 222 Revised: 4/01/2018