

**PROGRAM STANDARDS**

# in unit	SNAP (Effective 10/18)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2018) (see page 4 for All Kids Premium Level 1 & 2 Standards)							AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2018)																																															
	MAX Allot.	MAX Gross 165% FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only	Share Child only	FamilyCare and ACA Adults	Moms & Babies	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																													
1	192	1670	2023	1012	228	304	304	283	1487	1488 – 1588	1396	-	667	1012	1013 – 1213	1214 – 1365																																													
2	353	2264	2743	1375	309	412	412	375	2016	2017 – 2154	1893	2922	873	1372	1373 – 1645	1646 – 1851																																													
3	505	2858	3463	1732	390	520	520	508	2546	2547 – 2719	2390	3688	1184	1732	1733 – 2077	2078 – 2337																																													
4	642	3452	4183	2092	471	628	628	558	3075	3076 – 3284	2887	4455	1301	2092	2093 – 2509	2510 – 2823																																													
5	762	4046	4903	2452	552	736	736	650	3604	3605 – 3849	3383	5222	1522	2452	2453 – 2941	2942 – 3309																																													
6	914	4640	5623	2812	633	844	844	733	4133	4134 – 4414	3880	5989	1711	2812	2813 – 3373	3374 – 3795																																													
7	1011	5234	6346	3172	714	952	952	767	4662	4663 – 4980	4377	6756	1803	3172	3173 – 3805	3806 – 4281																																													
8	1155	5828	7063	3532	795	1060	1060	808	5192	5193 – 5545	4874	7522	1896	3532	3533 – 4237	4238 – 4767																																													
9	1299	6422	7783	3892	876	1168	1168	850	5721	5722 – 6110	5371	8289	1995	3892	3893 – 4669	4670 – 5253																																													
10	1443	7016	8503	4252	957	1276	1276	900	6250	6251 – 6675	5868	9056	2100	4252	4253 – 5101	5102 – 5739																																													
Each add'l	+144	+594	+720	+360	WAG 25-03-05			+67	+529	+565	+497	+767		+360	+432	+486																																													
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50																																															
							Medical Inc Standards PM 15-06-01						MSP 1 person - \$ 7,390 2 or more- \$11,090																																																
STANDARD DEDUCTION (10/18) \$157 - 1-3 people (10/18) \$167- 4 people (10/18) \$197- 5 people (10/18) \$227- 6 or more people (10/18)							MAX. SHELTER DEDUCTION \$552 (10/18)																																																						
UTILITY STDS (10/18) A/C Heat - \$466 (10/18) Limited Utility - \$319 (10/18) Single Utility - \$72 (10/18) Telephone - \$30 (10/18)							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs																																																						
Strd Med Ded (QM only) - \$245 or \$485 Group Home/SLF							MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly																																																						
							MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10)								<table border="0"> <tr> <td></td> <td align="center"><u>2018</u></td> <td></td> <td align="center"><u>2019</u></td> </tr> <tr> <td>Grant Adjustment</td> <td align="right">\$ 571.90</td> <td>\$</td> <td align="right">592.90 (eff Jan.)</td> </tr> <tr> <td>SPOUSAL IMPOVERISHMENT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Resources</td> <td align="right">109,560.00</td> <td></td> <td align="right">109,560.00</td> </tr> <tr> <td>Spousal Income</td> <td align="right">2,739.00</td> <td></td> <td align="right">2,739.00</td> </tr> <tr> <td>Family Maintenance</td> <td align="right">2,030.00</td> <td></td> <td align="right">2,058.00</td> </tr> <tr> <td>SLP</td> <td align="right">750.00</td> <td></td> <td align="right">771.00</td> </tr> <tr> <td>Shared Room</td> <td align="right">562.50</td> <td></td> <td align="right">578.50</td> </tr> <tr> <td>SSI – Individual</td> <td align="right">750.00</td> <td></td> <td align="right">771.00</td> </tr> <tr> <td>SSI – Couple</td> <td align="right">1,125.00</td> <td></td> <td align="right">1,157.00</td> </tr> <tr> <td>Medicare Deduction varies based on date of enrollment. Check SOLQ.</td> <td></td> <td></td> <td></td> </tr> </table>				<u>2018</u>		<u>2019</u>	Grant Adjustment	\$ 571.90	\$	592.90 (eff Jan.)	SPOUSAL IMPOVERISHMENT				Resources	109,560.00		109,560.00	Spousal Income	2,739.00		2,739.00	Family Maintenance	2,030.00		2,058.00	SLP	750.00		771.00	Shared Room	562.50		578.50	SSI – Individual	750.00		771.00	SSI – Couple	1,125.00		1,157.00	Medicare Deduction varies based on date of enrollment. Check SOLQ.			
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# in unit	Implemented eff. April for 2018			
	AK Premium Level 1 (MAGI)	AK Premium Level 2 (MAGI)	HBWD (office #250)	Medical Ext. (MAGI)
1	\$ 1,589 - 2,114	\$ 2,115 - 3,217	\$ 3,541	\$ 1,872
2	2,155 - 2,867	2,868 - 4,362	4,801	2,538
3	2,720 - 3,619	3,620 - 5,507	6,061	3,204
4	3,285 - 4,372	4,373 - 6,652	7,321	3,870
5	3,850 - 5,124	5,125 - 7,796	8,581	4,536
6	4,415 - 5,876	5,877 - 8,941	9,841	5,202
7	4,981 - 6,629	6,630 - 10,086	11,101	5,868
8	5,546 - 7,381	7,382 - 11,231	12,361	6,534
9	6,111 - 8,133	8,134 - 12,376	13,621	7,200
10	6,676 - 8,885	8,886 - 13,521	14,881	7,866
Each add'l	+752 Over 157%, not over 209% FPL	+1,145 Over 209%, not over 318% FPL	+1,260 Up to 350% FPL	+666 Up to 185% FPL

### MAGI Deduction Limits and Other Thresholds

For more information on MAGI deductions, see PM 08-03-03. IES edits do not restrict the amounts of these deductions. Use care when entering them in IES. Some limits do not change from year to year.

Threshold at which a child/tax dependent is expected to be required to file a tax return- see PM 15-06-01-h.	Tax year 2017	
		Earned Income
	Unearned Income-excluding SSA income.	\$ 88/month
Health Savings Account contribution limit	Single person	\$283/month
	Family	\$563/month
Moving expense limit (for employment)	The new workplace must be 50 miles or more further from the person's old home. See PM 08-03-03 for details.	
Student loan interest limit	\$2,500 in a tax year. Certain rules apply-see PM 08-03-03.	
Tuition and fees limit	\$4,000 per year. Annual MAGI income cannot be more than \$80,000 for single or \$160,000 for a joint return	

### Family Health Plans Premiums and Physician Co-Pays

	All Kids/FamilyCare Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2
Co-Pay for Physician Office Visit	\$0 for children; \$3.90 for adults	\$3.90	\$5 for children	\$10 for children
Monthly Premium	None	None	\$15 – 1 child \$25 – 2 children \$5 each additional	\$40 – per child
Max Monthly Premium	N/A	N/A	\$40 for 5 or more children	\$80 for 2 or more children
Max Co-Payments per Year	N/A	\$100 per family	\$100 per family	\$500 per child