

PROGRAM STANDARDS

| # in unit | SNAP (Effective 10/19) | | | | TANF Payment Levels (10/19) | | FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2019) (see the next page for All Kids Premium Level 1 & 2 Standards) | | | | | | AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2019) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------|-----------------------------|-------------------|-----------------------------|---------------|--|--------------------------|-------------------|-----------------------------|---------------------------|-------------------|---|--|-------------------------|-------------------------|--|--|--|-------------|--|-------------|------------------|----|--------|----|-------------------|------------------------|--|--|--|--|-----------|--|------------|--|------------|----------------|--|----------|--|----------|--------------------|--|----------|--|----------|-----|--|--------|--|--------|-------------|--|--------|--|--------|------------------|--|--------|--|--------|--------------|--|----------|--|----------|--|--|--|--|--|
| | 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 | 194 | 1718 | 2082 | 1041 | 234 | 312 | 312 | 283 | 1530 | 1531 – 1634 | 1436 | - | 667 | 1041 | 1042 – 1248 | 1249 – 1404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 355 | 2326 | 2818 | 1410 | 317 | 423 | 423 | 375 | 2071 | 2072 – 2212 | 1945 | 3002 | 873 | 1409 | 1410 – 1690 | 1691 – 1901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 509 | 2933 | 3555 | 1778 | 400 | 533 | 533 | 508 | 2613 | 2614 – 2791 | 2453 | 3786 | 1184 | 1778 | 1779 – 2132 | 2133 – 2399 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 646 | 3541 | 4292 | 2146 | 483 | 644 | 644 | 558 | 3154 | 3155 – 3369 | 2961 | 4571 | 1301 | 2146 | 2147 – 2574 | 2575 – 2896 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 768 | 4149 | 5028 | 2515 | 566 | 754 | 754 | 650 | 3696 | 3697 – 3947 | 3470 | 5355 | 1522 | 2514 | 2515 – 3016 | 3017 – 3393 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 921 | 4757 | 5765 | 2883 | 649 | 865 | 865 | 733 | 4237 | 4238 – 4526 | 3978 | 6140 | 1711 | 2883 | 2884 – 3458 | 3459 – 3890 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 1018 | 5364 | 6502 | 3251 | 731 | 975 | 975 | 767 | 4779 | 4780 – 5104 | 4486 | 6924 | 1803 | 3251 | 3252 – 3900 | 3901 – 4388 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 1164 | 5972 | 7138 | 3620 | 815 | 1086 | 1086 | 808 | 5320 | 5321 – 5682 | 4994 | 7709 | 1896 | 3619 | 3620 – 4342 | 4343 – 4885 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 1310 | 6580 | 7506 | 3989 | 897 | 1196 | 1196 | 850 | 5861 | 5862 – 6260 | 5502 | 8494 | 1995 | 3987 | 3988 – 4784 | 4785 – 5382 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 1456 | 7188 | 7874 | 4358 | 980 | 1307 | 1307 | 900 | 6402 | 6403 – 6838 | 6010 | 9279 | 2100 | 4355 | 4356 – 5226 | 5227 – 5879 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each add'l | +146 | +608 | +368 | +369 | WAG 25-03-05 | | | +67 | +541 | +578 | +508 | +785 | | +368 | +442 | +497 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 <u>2018</u> <u>2019</u> 1 person - \$ 7,560 \$ 7,730 2 or more- \$11,340 \$11,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STANDARD DEDUCTION (10/19) \$160 - 1-3 people (10/19) \$171- 4 people (10/19) \$202- 5 people (10/19) \$233- 6 or more people (10/19) | | | | | | | MAX. SHELTER DEDUCTION \$569 (10/19) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UTILITY STDS (10/19) A/C Heat - \$478 (10/19) Limited Utility - \$328 (10/19) Single Utility - \$74 (10/19) Telephone - \$30 (10/18) | | | | | | | DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STD MED DEDUCTION (QM only) –SNAP \$200 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="right"><u>2018</u></td> <td></td> <td align="right"><u>2019</u></td> </tr> <tr> <td>Grant Adjustment</td> <td align="right">\$</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> <td></td> </tr> <tr> <td>Resources</td> <td></td> <td align="right">109,560.00</td> <td></td> <td align="right">109,560.00</td> </tr> <tr> <td>Spousal Income</td> <td></td> <td align="right">2,739.00</td> <td></td> <td align="right">2,739.00</td> </tr> <tr> <td>Family Maintenance</td> <td></td> <td align="right">2,030.00</td> <td></td> <td align="right">2,058.00</td> </tr> <tr> <td>SLP</td> <td></td> <td align="right">750.00</td> <td></td> <td align="right">771.00</td> </tr> <tr> <td>Shared Room</td> <td></td> <td align="right">562.50</td> <td></td> <td align="right">578.50</td> </tr> <tr> <td>SSI – Individual</td> <td></td> <td align="right">750.00</td> <td></td> <td align="right">771.00</td> </tr> <tr> <td>SSI – Couple</td> <td></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> <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. | | | | |
| | <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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PROGRAM STANDARDS

| # in unit | Implemented eff. April for 2019 | | | |
|------------|--------------------------------------|--|--------------------------|------------------------|
| | AK Premium Level 1 (MAGI) | AK Premium Level 2 (MAGI) | HBWD (office #250) | Medical Ext. (MAGI) |
| 1 | \$ 1,635 - 2,175 | \$ 2,176 - 3,310 | \$ 3,643 | \$ 1,926 |
| 2 | 2,213 - 2,945 | 2,946 - 4,481 | 4,932 | 2,607 |
| 3 | 2,792 - 3,715 | 3,716 - 5,652 | 6,221 | 3,288 |
| 4 | 3,370 - 4,485 | 4,486 - 6,824 | 7,510 | 3,970 |
| 5 | 3,948 - 5,255 | 5,256 - 7,995 | 8,800 | 4,651 |
| 6 | 4,527 - 6,024 | 6,025 - 9,166 | 10,089 | 5,333 |
| 7 | 5,105 - 6,794 | 6,795 - 10,338 | 11,378 | 6,014 |
| 8 | 5,683 - 7,564 | 7,565 - 11,509 | 12,667 | 6,695 |
| 9 | 6,261 - 8,334 | 8,335 - 12,680 | 13,956 | 7,376 |
| 10 | 6,839 - 9,104 | 9,105 - 13,851 | 15,245 | 8,057 |
| Each add'l | +770 Over 157%, not over 209% FPL | +1,171 Over 209%, not over 318% FPL | +1,289 Up to 350% FPL | +681 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 2018 | |
|--|---|---------------|
| | | Earned Income |
| | Unearned Income-excluding SSA income. | \$ 88/month |
| Health Savings Account contribution limit | Single person | \$ 291/month |
| | Family | \$ 583/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. Tuition and Fees are no longer considered an allowable deduction as of 1/1/2018. | |

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 |