

**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	7238	3620	815	1086	1086	808	5320	5321 – 5682	4994	7709	1896	3619	3620 – 4342	4343 – 4885																																			
9	1310	6580	7975	3989	897	1196	1196	850	5861	5862 – 6260	5502	8494	1995	3987	3988 – 4784	4785 – 5382																																			
10	1456	7188	8712	4358	980	1307	1307	900	6402	6403 – 6838	6010	9279	2100	4355	4356 – 5226	5227 – 5879																																			
Each add'l	+146	+608	+737	+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	Not over 157% 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)							SNAP HOMELESS SHELTER STANDARD \$147 (09/19), \$152 (10/19)																																												
STD MED DEDUCTION (QM only) –SNAP \$200 or \$485 Group Home/SLF							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs																																												
							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:    \$9.25 hr. (effective 01/01/20)																																												
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# 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 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. <b>Tuition and Fees are no longer considered an allowable deduction as of 1/1/2018.</b>	

### 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