

PROGRAM STANDARDS

# in unit	SNAP (Effective 10/20)				TANF Payment Levels (10/19)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2020) (see the next page for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2020)			
	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 100% FPL	QMB 100% FPL	
1	204	1755	2127	1064	234	312	312	283	1563	1564 – 1669	1467	-	667	1063	1	1063
2	374	2371	2873	1437	317	423	423	375	2112	2113 – 2256	1983	3060	873	1437	2	1437
3	535	2987	3620	1810	400	533	533	508	2661	2662 – 2842	2498	3855	1184	1810	SLIB <= 120% FPL	
4	680	3603	4367	2184	483	644	644	558	3210	3211 – 3428	3013	4651	1301	2183	1	1064 - 1276
5	807	4219	5113	2557	566	754	754	650	3758	3759 – 4014	3528	5446	1522	2557	2	1438 - 1724
6	969	4835	5860	2930	649	865	865	733	4307	4308 – 4600	4043	6241	1711	2930	QI-1 <= 135% FPL	
7	1071	5451	6607	3304	731	975	975	767	4856	4857 – 5186	4559	7036	1803	3303	1	1277 - 1436
8	1224	6067	7353	3677	815	1086	1086	808	5405	5406 – 5772	5074	7831	1896	3677	2	1725 - 1940
9	1377	6683	8100	4051	897	1196	1196	850	5954	5955 – 6359	5589	8627	1995	4050		
10	1530	7299	8847	4425	980	1307	1307	900	6502	6503 – 6945	6104	9422	2100	4423		
Each add'l	+153	+616	+747	+374	WAG 25-03-05			+67	+548	+586	+515	+794		+373		
	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 - \$ 7,730 2 or more- \$11,600 Asset Limits PM 07-02			
										MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$10.00 hr. (effective 07/01/20)						
	STANDARD DEDUCTION (10/20) \$160 - 1-3 people (10/19) \$174- 4 people (10/20) \$205- 5 people (10/20) \$236- 6 or more people (10/20)						MAX. SHELTER DEDUCTION \$586 (10/20)									
							SNAP HOMELESS SHELTER STANDARD \$156 (10/20)									
	UTILITY STDS (10/20) A/C Heat - \$496 (10/20) Limited Utility - \$356 (10/20) Single Utility - \$81 (10/20) Telephone - \$31 (10/20)						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									
	Strd Med Ded (QM only) – SNAP \$200 or \$485 Group Home/SLF															
													2019 \$ 592.90			
													2020 \$ 604.90			
													SPOUSAL IMPOVERISHMENT			
													Resources 109,560.00 109,560.00			
													Spousal Income 2,739.00 2,739.00			
													Family Maintenance 2,058.00 2,113.75			
													SLP 771.00 783.00			
													Shared Room 578.50 587.50			
													SSI – Individual 771.00 783.00			
													SSI – Couple 1,157.00 1175.00			
													Medicare Deduction varies based on date of enrollment. Check SOLQ.			

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# in unit	Implemented eff. April for 2020			
	AK Premium Level 1 (MAGI)	AK Premium Level 2 (MAGI)	HBWD (office #250)	Medical Ext. (MAGI)
1	\$ 1,670 - 2,222	\$ 2,223 - 3,381	\$ 3,722	\$ 1,967
2	2,257 – 3,003	3,004 - 4,569	5,028	2,658
3	2,843 - 3,783	3,784 - 5,756	6,335	3,349
4	3,429 - 4,563	4,564 - 6,943	7,642	4,039
5	4,015 - 5,343	5,344 - 8,130	8,948	4,730
6	4,601 – 6,124	6,125 - 9,317	10,255	5,421
7	5,187 - 6,904	6,905 - 10,505	11,562	6,111
8	5,773 - 7,684	7,685 - 11,692	12,868	6,802
9	6,360 - 8,465	8,466 - 12,879	14,175	7,493
10	6,946 – 9,245	9,246 – 14,066	15,482	8,183
Each add'l	+780 Over 157%, not over 209% FPL	+1,186 Over 209%, not over 318% FPL	+1,306 Up to 350% FPL	+690 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 2019	
		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; \$0.00 for Medicaid 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