

**PROGRAM STANDARDS**

# in unit	SNAP (Effective 01/21-06/21)				TANF Payment Levels (10/20)		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	234	1755	2127	1064	239	319	319	283	1563	1564 – 1669	1467	-	667	1063	1	1063
2	430	2371	2873	1437	323	431	431	375	2112	2113 – 2256	1983	3060	873	1437	2	1437
3	616	2987	3620	1810	407	543	543	508	2661	2662 – 2842	2498	3855	1184	1810	<b>SLIB &lt;= 120% FPL</b>	
4	782	3603	4367	2184	491	655	655	558	3210	3211 – 3428	3013	4651	1301	2183	1	1064 - 1276
5	929	4219	5113	2557	575	767	767	650	3758	3759 – 4014	3528	5446	1522	2557	2	1438 - 1724
6	1114	4835	5860	2930	659	879	879	733	4307	4308 – 4600	4043	6241	1711	2930	<b>QI-1 &lt;= 135% FPL</b>	
7	1232	5451	6607	3304	743	991	991	767	4856	4857 – 5186	4559	7036	1803	3303	1	1277 - 1436
8	1408	6067	7353	3677	827	1103	1103	808	5405	5406 – 5772	5074	7831	1896	3677	2	1725 - 1940
9	1584	6683	8100	4051	911	1215	1215	850	5954	5955 – 6359	5589	8627	1995	4050		
10	1760	7299	8847	4425	995	1327	1327	900	6502	6503 – 6945	6104	9422	2100	4423		
Each add'l	+176	+616	+747	+374	WAG 25-03-05		See PM 15-06-01-a For additional HH members	+67	+548	+586	+515	+794		+373		
<b>SNAP</b> *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	<b>AABD CASH/MED</b> 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50			
							Medical Inc Standards PM 15-06-01			<b>MINIMUM WAGE</b> Federal: \$7.25 hr. (effective 7/24/09) State: \$11.00 hr. (effective 1/01/21)				<b>MSP</b> <u>2019</u> <u>2020</u> 1 person -                \$ 7,730                      \$ 7,730 2 or more-               \$11,600                      \$11,600		
<b>STANDARD DEDUCTION (10/20)</b> \$160 - 1-3 people (10/19) \$174- 4 people (10/20) \$205- 5 people (10/20) \$236- 6 or more people (10/20)							<b>MAX. SHELTER DEDUCTION \$586 (10/20)</b>  <b>SNAP HOMELESS SHELTER STANDARD \$156 (10/20)</b>		<b>DEPENDENT CARE DEDUCTION – SNAP</b> 10/08 Use actual monthly costs  <b>MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL</b> Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly				<b>Grant Adjustment (eff Jan.)</b> <u>2019</u> <u>2020</u> <u>2021</u> \$ 592.90                      \$ 604.90                      615.90			
													<b>SPOUSAL IMPOVERISHMENT</b> 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                      794.00 SSI – Couple                      1,157.00                      1175.00                      1191.00 Medicare Deduction varies based on date of enrollment. Check SOLQ.			
Strd Med Ded (QM only) – SNAP \$200 or \$485 Group Home/SLF																

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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. <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; \$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