

PROGRAM STANDARDS

# in unit	SNAP (Effective 01/21- 09/21)				TANF Payment Levels (10/20)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2021) (see the next page for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2021)						
	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	1578	1579 – 1685	1481	-	667	1073	1	1073			
2	430	2371	2873	1437	323	431	431	375	2134	2135 – 2279	2003	3092	873	1452	2	1452			
3	616	2987	3620	1810	407	543	543	508	2690	2691 – 2873	2525	3898	1184	1830	SLIB <= 120% FPL				
4	782	3603	4367	2184	491	655	655	558	3246	3247 – 3467	3048	4704	1301	2208	1	1074 - 1287			
5	929	4219	5113	2557	575	767	767	650	3802	3803 – 4061	3570	5510	1522	2587	2	1453 - 1741			
6	1114	4835	5860	2930	659	879	879	733	4359	4360 – 4655	4092	6316	1711	2965	QI-1 <= 135% FPL				
7	1232	5451	6607	3304	743	991	991	767	4915	4916 – 5249	4614	7121	1803	3343	1	1288 – 1448			
8	1408	6067	7353	3677	827	1103	1103	808	5471	5472 – 5843	5136	7927	1896	3722	2	1742 – 1959			
9	1584	6683	8100	4051	911	1215	1215	850	6027	6028 – 6437	5658	8733	1995	4100					
10	1760	7299	8847	4425	995	1327	1327	900	6583	6584 – 7031	6180	9539	2100	4478					
Each add'l	+176	+616	+747	+374	WAG 25-03-05		See PM 15-06-01-a For additional HH members	+67	+555	+593	+521	+805		+378					
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 2020 2021 1 person - \$ 7,730 \$ 7,970 2 or more- \$11,600 \$11,960							
STANDARD DEDUCTION \$160 1-3 people (10/19) \$174 4 people (10/20) \$205 5 people (10/20) \$236 6 or more people (10/20) UTILITY STDs (10/20) A/C Heat \$496 (10/20) Limited Util \$356 (10/20) Single Util \$81 (10/20) Telephone \$31 (10/20) SNAP Standard Medical Deduction (QM only) Living in Community \$200 10/19 Group Home/SLF \$485 07/11					SNAP MAX. SHELTER DEDUCTION \$586 (10/20) SNAP HOMELESS SHELTER STANDARD \$156 (10/20) SNAP DEPENDENT CARE DEDUCTION Use actual monthly costs (10/08) 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 7/24/09) State: \$11.00 hr. (effective 10/1/21)					Asset Limits PM 07-02				
										Grant Adjustment (eff Jan.) 2020 2021 \$ 604.90 \$ 615.90 SPOUSAL IMPOVERISHMENT Resources 109,560.00 109,560.00 Spousal Income 2,739.00 2,739.00 Family Maintenance 2,113.75 2,155.00 SLP 783.00 794.00 Shared Room 587.50 595.50 SSI – Individual 783.00 794.00 SSI – Couple 1,175.00 1191.00 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	\$ 1,686 - 2,243	\$ 2,244 - 3,413	\$ 3,757	\$ 1,986
2	2,280 – 3,034	3,035 - 4,616	5,081	2,686
3	2,874 - 3,825	3,826 - 5,819	6,405	3,386
4	3,468 - 4,615	4,616 - 7,023	7,729	4,085
5	4,062 - 5,406	5,407 - 8,226	9,053	4,785
6	4,656 – 6,197	6,198 - 9,429	10,378	5,485
7	5,250 - 6,988	6,989 - 10,632	11,702	6,185
8	5,844 - 7,778	7,779 - 11,835	13,026	6,885
9	6,438 - 8,569	8,570 - 13,038	14,350	7,585
10	7,032 – 9,360	9,361 – 14,241	15,674	8,285
Each add'l	+790 Over 157%, not over 209% FPL	+1,202 Over 209%, not over 318% FPL	+1,323 Up to 350% FPL	+699 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 2020	
		Earned Income
	Unearned Income-excluding SSA income.	\$91/month
Health Savings Account contribution limit	Single person	\$300/month
	Family	\$600/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 was set to end after 2017 but has been extended through 2020.	

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