

MEDICAID STANDARDS HELP SHEET

Med HH Size	Ribicoff Kids 44%	MAGI Adult (Aid Code) 66%	Parents/ Caretaker Relatives 90%	MAGI Adult (Aid Code) & QMB 100%	MAGI Child (Aid Code) 107%	SLMB 120%	MAGI Adult (Aid Code) 133%	QI-1 135%	MAGI Child (Aid Code) 141%	MBIWD/ Ohio WorkAbility Premium Calc. & SRS 150%	MAGI Child (Aid Code) & CHIP 1** 156%	TMA 2nd Six Months 185%	Pregnant Women & QDWI 200%	CHIP 2** 206%	5% of FPL for Family Size*
1	\$574	\$861	\$1,174	\$1,305	\$1,396	\$1,565	\$1,735	\$1,761	\$1,839	\$1,957	\$2,035	\$2,413	\$2,609	\$2,687	\$66
2	\$776	\$1,164	\$1,587	\$1,763	\$1,886	\$2,115	\$2,345	\$2,380	\$2,486	\$2,644	\$2,750	\$3,261	\$3,525	\$3,631	\$89
3	\$978	\$1,466	\$1,999	\$2,221	\$2,377	\$2,665	\$2,954	\$2,999	\$3,132	\$3,332	\$3,465	\$4,109	\$4,442	\$4,575	\$112
4	\$1,179	\$1,769	\$2,412	\$2,680	\$2,867	\$3,215	\$3,564	\$3,617	\$3,778	\$4,019	\$4,180	\$4,956	\$5,359	\$5,520	\$134
5	\$1,381	\$2,071	\$2,824	\$3,138	\$3,358	\$3,765	\$4,173	\$4,236	\$4,424	\$4,707	\$4,895	\$5,804	\$6,275	\$6,464	\$157
6	\$1,583	\$2,374	\$3,237	\$3,596	\$3,848	\$4,315	\$4,783	\$4,855	\$5,071	\$5,394	\$5,610	\$6,652	\$7,192	\$7,408	\$180
7	\$1,784	\$2,676	\$3,649	\$4,055	\$4,338	\$4,865	\$5,393	\$5,474	\$5,717	\$6,082	\$6,325	\$7,500	\$8,109	\$8,352	\$203
8	\$1,986	\$2,979	\$4,062	\$4,513	\$4,829	\$5,415	\$6,002	\$6,092	\$6,363	\$6,769	\$7,040	\$8,348	\$9,025	\$9,296	\$226
9	\$2,188	\$3,281	\$4,474	\$4,971	\$5,319	\$5,965	\$6,612	\$6,711	\$7,009	\$7,457	\$7,755	\$9,196	\$9,942	\$10,240	\$249
10	\$2,389	\$3,584	\$4,887	\$5,430	\$5,810	\$6,515	\$7,221	\$7,330	\$7,656	\$8,144	\$8,470	\$10,044	\$10,859	\$11,185	\$272
11	\$2,591	\$3,886	\$5,299	\$5,888	\$6,300	\$7,065	\$7,831	\$7,949	\$8,302	\$8,832	\$9,185	\$10,892	\$11,775	\$12,129	\$295
12	\$2,793	\$4,189	\$5,712	\$6,346	\$6,791	\$7,615	\$8,440	\$8,567	\$8,948	\$9,519	\$9,900	\$11,740	\$12,692	\$13,073	\$318

* Use 5% deduction ONLY when comparing income to highest FPL for family size

** Only children who do not have other health insurance (TPL) are eligible for CHIP categories

MEDICAID NEED STD. 1/1/2026

Single	\$994
Couple	\$1,491

DEEMING

Parent to Child	\$497
1 Parent	\$994
2 Parents	\$1,491

SSI PMT (FBR) 1/1/2026

Single	\$994
Couple	\$1,491

MEDICARE DEDUCTIBLE 1/1/2026

Part A	\$1,736
Part B	\$283

MEDICAID RESOURCE LIMIT

Single	\$2,000
Couple	\$3,000

MPAP RESOURCE LIMIT 1/1/2026

Single	\$9,950
Couple	\$14,910

MEDICARE PREMIUM

1/1/2026	\$202.90
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FACILITY/WAIVER

SIL Special Income Level - 300% FBR	\$2,982 (Eff. 1/1/26)
PNA NF, ICF/IID	\$75 (to \$140) (Eff. 1/1/26)
SIMNA Waiver needs allowance	\$1,939 (Eff. 1/1/26)
ALMNA Assisted Living Needs allowance	\$994 (Eff. 1/1/26)
PRA Protected Resource Amount Min	\$32,532 (Eff. 1/1/26)
PRA Protected Resource Amount Max	\$162,660 (Eff. 1/1/26)
MMMNA Maximum	\$4,066.50 (Eff. 1/1/26)
MMMNA	\$2,643.75 (Eff. 7/1/25)
ESA Standard	\$793.13 (Eff. 7/1/25)
APPR Avg. Monthly Private Pay Rate	\$7,787 (Eff. 9/1/24)
Home Equity Limit	\$752,000 (Eff. 1/1/26)
SUA Standard Utility Allowance	\$766 (Eff. 10/1/25)

MBIWD/Ohio WorkAbility Individual Resource Limit	\$15,668 (Eff. 1/1/26)
MBIWD/Ohio WorkAbility 250% FPL	\$3,261 (Eff. 3/1/25)