

477-000-012 – Income levels/Federal Poverty Levels and Resources

**Program Standards, Federal Poverty Levels, and Maximum Income
(Unless otherwise noted figures are effective 1/1/18)**

Figures listed are representative of dollar amounts

Income Limits for MAGI Based Programs and Transitional Medical Assistance

F P L	23%	51%	58%	194%	185%	162%	145%	133%	197%	213%
HH SIZE	SAGA	FORMER WARD/ IMD	PARENT/ CARETAKER RELATIVE	PREGNAT WOMEN	TMA	NEWBORN TO AGE 1	CHILDREN AGES 1-5	CHILDREN AGES 6-18	599 CHIP	CHIP
1	233	516	587	1,963	1,872	1,639	1,467	1,346	1,993	2,155
2	316	700	796	2,662	2,538	2,223	1,989	1,825	2,703	2,922
3	399	884	1,005	3,360	3,204	2,806	2,511	2,304	3,412	3,689
4	482	1,067	1,213	4,058	3,870	3,389	3,033	2,782	4,121	4,456
5	564	1,251	1,422	4,757	4,536	3,972	3,555	3,261	4,830	5,223
6	647	1,434	1,631	5,455	5,202	4,555	4,077	3,740	5,539	5,990
7	730	1,618	1,840	6,154	5,868	5,139	4,599	4,219	6,249	6,756
8	813	1,802	2,049	6,852	6,534	5,722	5,121	4,698	6,958	7,523
9	896	1,985	2,258	7,550	7,200	6,305	5,643	5,176	7,667	8,290
10	978	2,169	2,466	8,249	7,866	6,888	6,165	5,655	8,376	9,057

Resource and Income Limits for Aged, Blind and Disabled Programs

MIWD and MIWD with Premium Income Limits

FPL	200%	250%
HH	MIWD	MIWD PREMIUM
1	2,024	2,530
2	2,744	3,430

Medically Needy, ABD/OMB, MSP/QMB and ABD/QMB Income Limits

FPL	-	100%
HH SIZE	MNIL MA	ABD/OMB MSP/QMB
1	392	1,012
2	392	1,372
3	492	1,732
4	584	2,092
5	675	2,452
6	775	2,812
7	867	3,172
8	967	3,532
9	1,059	3,892
10	1,150	4,252
	+91	

SLMB and QI-1 Income Limits

FPL	120%	135%
HH	SLMB	QI-1
1	1,214	1,366
2	1,646	1,852

Eligibility for the payment of the Part B by the State for QMB is effective the first of the month following the month that initial eligibility determination is processed. For example, if you determine an individual meets all eligibility requirements for QMB status on August 15th, the effective date of eligibility for payment of premiums, deductibles, and co-insurance is September 1. However, in no case are benefits effective prior to January 1, 1989, which is the effective date of this provision. Retroactive eligibility is precluded under this provision.

QI's cannot be otherwise eligible for any other Medicaid category. The individual must choose either medically needy/SOC or QI. Retroactive eligibility (up to 3 months prior to application) applies if:

1. The individual met all QI eligibility criteria in the retroactive period; and
2. The retroactive period is no earlier than January 1 of that calendar year.

QIs are eligible if their incomes are at least 120% of the FPL, but less than 135% of the FPL

Resource Limits

HH SIZE	RESOURCE LIMITS	
	AABD/MA	MSP/QMB SLMB/QI-1
1	4,000	7,560
2	6,000	11,340
	Dependent Adult Child (DAC)	Maximum for Burial Trust
1	2,000	5,212

Spousal Impoverishment

SPOUSAL IMPOVERISHMENT		
Reserved Amount (IM-73)	MIN	25,284
	MAX	126,420
Community Spouse 150% FPL *Effective 7/1/2018		2,058*
Excess Shelter Limit *Effective 7/1/2018		618*
Utility Standard		481
Max Maintenance Allowance for Ineligible Spouse		3,161

Facility Standard of Need

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs 90 (Excl.)
	60	
ASSISTED LIVING WAIVER	SON	686 R&B + 64 Personal Needs
	750	707 R&B + 64 Personal Needs
ASSISTED LIVING (NO WAIVER)	SON	392 MNIL + 800 Remedial Care
	392	* 392 MNIL + 821 Remedial Care

Social Security Income (SSI)

HH SIZE	SSI LEVELS	
	Federal Benefit Rate (FBR)	Referral Level
1	750	770
Effective 01-01-2019	771	791
2	1,125	1,145
Effective 01-01-2019	1,157	1,177

Medicare Premium

Standard Medicare Part B Premium for 2018	Standard Medicare Part B Premium for dual eligible 2018	Standard Medicare Part B Premium for 2019	Standard Medicare Part B Premium for dual eligible 2019
109- 134.00	134.00	109 - 135.50	135.50

The \$135.50 premium amount is assessed for those newly enrolled in part B in 2019, not receiving social security, being directly billed for Part B, having Part B paid by Medicaid, and whose modified adjusted gross income on IRS tax return from 2 years ago is below a certain amount.

Social Security can tell the exact amount the individual is responsible for. See Medicare for more information on Part B costs at: <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>

Other Limits

OTHER LIMITS
Shelter Allowance
281
349

MIWD Premium Payment Chart**One**

Income Range	Monthly Premium
\$ 1,012 - \$ 2,022	\$ -
\$ 2,023 - \$ 2,124	\$ 41
\$ 2,125 - \$ 2,225	\$ 87
\$ 2,226 - \$ 2,326	\$ 137
\$ 2,327 - \$ 2,427	\$ 190
\$ 2,428 - \$ 2,529	\$ 248

Two

Income Range	Monthly Premium
\$ 1,372 - \$ 2,742	\$ -
\$ 2,743 - \$ 2,880	\$ 56
\$ 2,881 - \$ 3,017	\$ 118
\$ 3,018 - \$ 3,154	\$ 185
\$ 3,155 - \$ 3,291	\$ 258
\$ 3,292 - \$ 3,429	\$ 336

Premium Payment Process:

Medicaid Insurance for Workers with Disabilities will work much like TMA Premium Payments. The client must pay the full premium to the worker no later than the 21st of the month following the month for which the payment is designated.

TMA Premium Payment Chart

NEBRASKA HEALTH AND HUMAN SERVICES
TRANSITIONAL MEDICAL ASSISTANCE (TMA)
PREMIUM FEE SCHEDULE

FAMILY SIZE 1		FAMILY SIZE 2		FAMILY SIZE 3		FAMILY SIZE 4		FAMILY SIZE 5		FAMILY SIZE 6		FAMILY SIZE 7		FAMILY SIZE 8 +	
ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee	ADJUSTED MONTHLY EARNED INCOME	Fee
1012 - 1061.99	30	1372 - 1439.99	41	1732 - 1817.99	52	2092 - 2195.99	63	2452 - 2573.99	74	2812 - 2951.99	84	3172 - 3329.99	95	3532 - 3707.99	106
1062 - 1112.99	32	1440 - 1508.99	43	1818 - 1904.99	55	2196 - 2300.99	66	2574 - 2696.99	77	2952 - 3092.99	89	3330 - 3488.99	100	3708 - 3884.99	111
1113 - 1162.99	33	1509 - 1576.99	45	1905 - 1990.99	57	2301 - 2404.99	69	2697 - 2818.99	81	3093 - 3232.99	93	3489 - 3646.99	105	3885 - 4060.99	117
1163 - 1213.99	35	1577 - 1645.99	47	1991 - 2077.99	60	2405 - 2509.99	72	2819 - 2941.99	85	3233 - 3373.99	97	3647 - 3805.99	109	4061 - 4237.99	122
1214 - 1264.99	36	1646 - 1714.99	49	2078 - 2164.99	62	2510 - 2614.99	75	2942 - 3064.99	88	3374 - 3514.99	101	3806 - 3964.99	114	4238 - 4414.99	127
1265 - 1314.99	38	1715 - 1782.99	51	2165 - 2250.99	65	2615 - 2718.99	78	3065 - 3186.99	92	3515 - 3654.99	105	3965 - 4122.99	119	4415 - 4590.99	132
1315 - 1365.99	39	1783 - 1851.99	53	2251 - 2337.99	68	2719 - 2823.99	82	3187 - 3309.99	96	3655 - 3795.99	110	4123 - 4281.99	124	4591 - 4767.99	138
1366 - 1415.99	41	1852 - 1919.99	56	2338 - 2423.99	70	2824 - 2927.99	85	3310 - 3431.99	99	3796 - 3935.99	114	4282 - 4439.99	128	4768 - 4943.99	143
1416 - 1466.99	42	1920 - 1988.99	58	2424 - 2510.99	73	2928 - 3032.99	88	3432 - 3554.99	103	3936 - 4076.99	118	4440 - 4598.99	133	4944 - 5120.99	148
1467 - 1517.99	44	1989 - 2057.99	60	2511 - 2597.99	75	3033 - 3137.99	91	3555 - 3677.99	107	4077 - 4217.99	122	4599 - 4757.99	138	5121 - 5297.99	154
1518 - 1567.99	46	2058 - 2125.99	62	2598 - 2683.99	78	3138 - 3241.99	94	3678 - 3799.99	110	4218 - 4357.99	127	4758 - 4915.99	143	5298 - 5473.99	159
1568 - 1618.99	47	2126 - 2194.99	64	2684 - 2770.99	81	3242 - 3346.99	97	3800 - 3922.99	114	4358 - 4498.99	131	4916 - 5074.99	147	5474 - 5650.99	164
1619 - 1668.99	49	2195 - 2262.99	66	2771 - 2856.99	83	3347 - 3450.99	100	3923 - 4044.99	118	4499 - 4638.99	135	5075 - 5232.99	152	5651 - 5826.99	170
1669 - 1719.99	50	2263 - 2331.99	68	2857 - 2943.99	86	3451 - 3555.99	104	4045 - 4167.99	121	4639 - 4779.99	139	5233 - 5391.99	157	5827 - 6003.99	175
1720 - 1769.99	52	2332 - 2399.99	70	2944 - 3029.99	88	3556 - 3659.99	107	4168 - 4289.99	125	4780 - 4919.99	143	5392 - 5549.99	162	6004 - 6179.99	180
1770 - 1820.99	53	2400 - 2468.99	72	3030 - 3116.99	91	3660 - 3764.99	110	4290 - 4412.99	129	4920 - 5060.99	148	5550 - 5708.99	167	6180 - 6356.99	185
1821 - 1872.00	55	2469 - 2538.00	74	3117 - 3204.00	94	3765 - 3870.00	113	4413 - 4536.00	132	5061 - 5202.00	152	5709 - 5868.00	171	6357 - 6534.00	191