

**477-000-012 – Income levels/Federal Poverty Levels and Resources****Program Standards, Federal Poverty Levels, and Maximum Income  
(Unless otherwise noted figures are effective 1/1/2024)**

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%	133%	162%	145%	133%	197%	213%
HH SIZE	SAGA	FORMER WARD/ IMD	PARENT/ CARETAKE R RELATIVE	PREGNANT WOMEN	TMA	Heritage Health Adult (HHA)	NEWBORN TO AGE 1	CHILDREN AGES 1-5	CHILDREN AGES 6-18	599 CHIP	CHIP
1	289	641	728	2,435	2,322	1,670	2,034	1,820	1,670	2,473	2,674
2	392	870	989	3,306	3,153	2,267	2,761	2,470	2,267	3,357	3,630
3	495	1,098	1,249	4,175	3,982	2,863	3,487	3,121	2,863	4,240	4,584
4	598	1,326	1,508	5,044	4,810	3,458	4,212	3,770	3,458	5,122	5,538
5	702	1,555	1,769	5,916	5,641	4,056	4,940	4,422	4,056	6,007	6,495
6	805	1,784	2,029	6,785	6,470	4,652	5,666	5,071	4,652	6,890	7,449
7	908	2,012	2,289	7,654	7,299	5,247	6,391	5,721	5,247	7,772	8,403
8	1,011	2,241	2,549	8,525	8,129	5,845	7,119	6,372	5,845	8,657	9,360
9	1,114	2,470	2,809	9,394	8,958	6,440	7,845	7,021	6,440	9,539	10,314
10	1,217	2,698	3,069	10,263	9,787	7,036	8,570	7,671	7,036	10,422	11,268

**Resource and Income Limits for Aged, Blind and Disabled Programs****MIWD and MIWD with Premium Income Limits**

FPL	200%	250%
MI	MIWD	MIWD PREMIUM
1	2,510	3,138
2	3,407	4,260

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

FPL	-	100%
HH SIZE	MNIL MA	ABD/OMB MSP/QMB
1	392	1,255
2	392	1,704
3	492	2,152
4	584	2,600
5	675	3,049
6	775	3,497
7	867	3,945
8	967	4,394
9	1,059	4,842
10	1,150	5,290
	+91	

**SLMB and QI-1 Income Limits**

FPL	120%	135%
HH	SLMB	QI-1
1	1,506	1,695
2	2,045	2,301

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 15<sup>th</sup>, 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	9,430
2	6,000	14,130
	<b>Dependent Adult Child (DAC)</b>	<b>Maximum for Burial Trust Effective 9/1/23</b>
1	2,000	6,346

**Spousal Impoverishment**

SPOUSAL IMPOVERISHMENT		
<b>Reserved Amount (IM-73)</b> Effective through 12/31/23	MIN	29,724
	MAX	148,620
<b>Reserved Amount (IM-73)</b> Effective 1/1/24	MIN	30,828
	MAX	154,140
<b>Community Spouse 150% FPL</b> *Effective 7/1/22 through 6/30/23 **Effective 7/1/23		2,289*
		2,465**
<b>Excess Shelter Limit</b> *Effective 7/1/22 through 6/30/23 **Effective 7/1/23		687*
		740**
<b>Utility Standard</b> *Effective through 12/31/23 **Effective 1/1/24		553*
		580**
<b>Max Maintenance Allowance for Ineligible Spouse</b> *Effective through 12/31/23 **Effective 1/1/24		3,716*
		3,854**

**Facility Standard of Need – Effective 1/1/23**

FACILITY STANDARDS		
<b>NURSING HOME</b>	SON	Vets Personal Needs
	\$60	\$90 (Excl.)
<b>ASSISTED LIVING WAIVER</b>	SON	\$850 R&B
	\$914	+ \$64 Personal Needs
<b>ASSISTED LIVING (NO WAIVER)</b>	SON	\$392 MNIL
	\$392*	+ \$964 Remedial Care

**Facility Standard of Need – Effective 9/1/23**

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$839 R&B + \$75 Personal Needs
	\$914	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$975 Remedial Care
	\$392*	

**Facility Standard of Need – Effective 1/1/24**

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$868 R&B + \$75 Personal Needs
	\$943	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$1004 Remedial Care
	\$392*	

**Social Security Income (SSI)**

HH SIZE	SSI LEVELS			
	Federal Benefit Rate (FBR)		Referral Level	
Year	2023	Effective 1/1/24	2023	Effective 1/1/24
1	914	943	934	963
2	1,371	1,415	1,391	1,435

**Medicare Premium**

Standard Medicare Part B Premium for 2023	Standard Medicare Part B Premium for dual eligible 2023
170.10	170.10

  

Standard Medicare Part B Premium Effective 1/1/24	Standard Medicare Part B Premium for dual eligible Effective 1/1/24
174.70	174.70

The premium amount for dual eligibles is assessed for those newly enrolled in part B in 2021, 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

**Premium Charts for Medical Insurance for Workers with Disabilities (MIWD) and Transitional Medical Assistance (TMA)**

**MIWD Premium Payment Chart – Effective 5/1/24**

HH Size - 1			
Low	High	Monthly Premium	Annual Premium
\$1,255	\$2,509	\$0	\$0
\$2,510	\$2,635	\$38	\$456
\$2,636	\$2,760	\$92	\$1,104
\$2,761	\$2,886	\$152	\$1,824
\$2,887	\$3,011	\$188	\$2,256
\$3,012	\$3,138	\$226	\$2,712

**HH Size - 2**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$1,704	\$3,407	\$0	\$0
\$3,408	\$3,577	\$51	\$612
\$3,578	\$3,748	\$125	\$1,500
\$3,749	\$3,918	\$206	\$2,472
\$3,919	\$4,089	\$255	\$3,060
\$4,090	\$4,260	\$307	\$3,684

**HH Size - 3**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$2,152	\$4,303	\$0	\$0
\$4,304	\$4,518	\$65	\$780
\$4,519	\$4,733	\$158	\$1,896
\$4,734	\$4,949	\$260	\$3,120
\$4,950	\$5,164	\$322	\$3,864
\$5,165	\$5,380	\$387	\$4,644

**HH Size - 4**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$2,600	\$5,199	\$0	\$0
\$5,200	\$5,459	\$78	\$936
\$5,460	\$5,719	\$191	\$2,292
\$5,720	\$5,979	\$315	\$3,780
\$5,980	\$6,239	\$389	\$4,668
\$6,240	\$6,500	\$468	\$5,616

**HH Size - 5**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$3,049	\$6,097	\$0	\$0
\$6,098	\$6,402	\$91	\$1,092
\$6,403	\$6,707	\$224	\$2,688
\$6,708	\$7,012	\$369	\$4,428
\$7,013	\$7,317	\$456	\$5,472
\$7,318	\$7,623	\$549	\$6,588

**HH Size - 6**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$3,497	\$6,993	\$0	\$0
\$6,994	\$7,343	\$105	\$1,260
\$7,344	\$7,692	\$257	\$3,084
\$7,693	\$8,042	\$423	\$5,076
\$8,043	\$8,392	\$523	\$6,276
\$8,393	\$8,743	\$629	\$7,548

**HH Size - 7**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$3,945	\$7,889	\$0	\$0
\$7,890	\$8,284	\$118	\$1,416
\$8,285	\$8,678	\$290	\$3,480
\$8,679	\$9,073	\$477	\$5,724
\$9,074	\$9,467	\$590	\$7,080
\$9,468	\$9,863	\$710	\$8,520

**HH Size - 8**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$4,394	\$8,787	\$0	\$0
\$8,788	\$9,226	\$132	\$1,584
\$9,227	\$9,666	\$323	\$3,876
\$9,667	\$10,105	\$532	\$6,384
\$10,106	\$10,545	\$657	\$7,884
\$10,546	\$10,985	\$791	\$9,492

**HH Size - 9**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$4,842	\$9,683	\$0	\$0
\$9,684	\$10,167	\$145	\$1,740
\$10,168	\$10,651	\$356	\$4,272
\$10,652	\$11,136	\$586	\$7,032
\$11,137	\$11,620	\$724	\$8,688
\$11,621	\$12,105	\$872	\$10,464

**HH Size - 10**

<b>Low</b>	<b>High</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>
\$5,290	\$10,579	\$0	\$0
\$10,580	\$11,108	\$159	\$1,908
\$11,109	\$11,637	\$389	\$4,668
\$11,638	\$12,166	\$640	\$7,680
\$12,167	\$12,695	\$791	\$9,492
\$12,696	\$13,225	\$952	\$11,424

**Premium Payment Process:**

Medicaid Insurance for Workers with Disabilities will work much like TMA Premium Payments.

The client must pay the full premium 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
1064 - 1117.99	32		1437 - 1508.99	43		1810 - 1900.99	54		2184 - 2293.99	66		2557 - 2684.99	77		2930 - 3076.99	88		3304 - 3469.99	99		3677 - 3860.99	110	
1118 - 1170.99	34		1509 - 1580.99	45		1901 - 1990.99	57		2294 - 2402.99	69		2685 - 2812.99	81		3077 - 3222.99	92		3470 - 3634.99	104		3861 - 4044.99	116	
1171 - 1223.99	35		1581 - 1652.99	47		1991 - 2081.99	60		2403 - 2511.99	72		2813 - 2940.99	84		3223 - 3369.99	97		3635 - 3799.99	109		4045 - 4228.99	121	
1224 - 1276.99	37		1653 - 1724.99	50		2082 - 2171.99	62		2512 - 2620.99	75		2941 - 3068.99	88		3370 - 3515.99	101		3800 - 3964.99	114		4229 - 4412.99	127	
1277 - 1329.99	38		1725 - 1796.99	52		2172 - 2262.99	65		2621 - 2729.99	79		3069 - 3196.99	92		3516 - 3662.99	105		3965 - 4129.99	119		4413 - 4596.99	132	
1330 - 1383.99	40		1797 - 1868.99	54		2263 - 2352.99	68		2730 - 2839.99	82		3197 - 3324.99	96		3663 - 3808.99	110		4130 - 4295.99	124		4597 - 4780.99	138	
1384 - 1436.99	42		1869 - 1939.99	56		2353 - 2443.99	71		2840 - 2948.99	85		3325 - 3451.99	100		3809 - 3955.99	114		4296 - 4460.99	129		4781 - 4963.99	143	
1437 - 1489.99	43		1940 - 2011.99	58		2444 - 2533.99	73		2949 - 3057.99	88		3452 - 3579.99	104		3956 - 4101.99	119		4461 - 4625.99	134		4964 - 5147.99	149	
1490 - 1542.99	45		2012 - 2083.99	60		2534 - 2624.99	76		3058 - 3166.99	92		3580 - 3707.99	107		4102 - 4248.99	123		4626 - 4790.99	139		5148 - 5331.99	154	
1543 - 1595.99	46		2084 - 2155.99	63		2625 - 2714.99	79		3167 - 3275.99	95		3708 - 3835.99	111		4249 - 4394.99	127		4791 - 4955.99	144		5332 - 5515.99	160	
1596 - 1649.99	48		2156 - 2227.99	65		2715 - 2805.99	81		3276 - 3385.99	98		3836 - 3963.99	115		4395 - 4541.99	132		4956 - 5121.99	149		5516 - 5699.99	165	
1650 - 1702.99	50		2228 - 2299.99	67		2806 - 2895.99	84		3386 - 3494.99	102		3964 - 4091.99	119		4542 - 4687.99	136		5122 - 5286.99	154		5700 - 5883.99	171	
1703 - 1755.99	51		2300 - 2371.99	69		2896 - 2986.99	87		3495 - 3603.99	105		4092 - 4219.99	123		4688 - 4834.99	141		5287 - 5451.99	159		5884 - 6067.99	177	
1756 - 1808.99	53		2372 - 2442.99	71		2987 - 3076.99	90		3604 - 3712.99	108		4220 - 4346.99	127		4835 - 4980.99	145		5452 - 5616.99	164		6068 - 6250.99	182	
1809 - 1861.99	54		2443 - 2514.99	73		3077 - 3167.99	92		3713 - 3821.99	111		4347 - 4474.99	130		4981 - 5127.99	149		5617 - 5781.99	169		6251 - 6434.99	188	
1862 - 1915.99	56		2515 - 2586.99	75		3168 - 3257.99	95		3822 - 3931.99	115		4475 - 4602.99	134		5128 - 5273.99	154		5782 - 5947.99	173		6435 - 6618.99	193	
1916 - 1969.00	57		2587 - 2659.00	78		3258 - 3349.00	98		3932 - 4041.00	118		4603 - 4731.00	138		5274 - 5421.00	158		5948 - 6113.00	178		6619 - 6803.00	199	