

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

**Program Standards, Federal Poverty Levels, and Maximum Income
(Unless otherwise noted figures are effective 1/1/2020)**

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/ CARETAKER RELATIVE	PREGNANT WOMEN	TMA	HERITAGE HEALTH ADULT (HHA)*	NEWBORN TO AGE 1	CHILDREN AGES 1-5	CHILDREN AGES 6-18	599 CHIP	CHIP
1	245	543	618	2,065	1,969	1,416	1,724	1,543	1,416	2,097	2,267
2	331	733	834	2,788	2,659	1,912	2,328	2,084	1,912	2,831	3,061
3	417	924	1,050	3,512	3,349	2,408	2,933	2,625	2,408	3,566	3,856
4	503	1,114	1,267	4,237	4,041	2,905	3,539	3,167	2,905	4,303	4,652
5	589	1,305	1,484	4,961	4,731	3,401	4,143	3,708	3,401	5,038	5,447
6	674	1,495	1,700	5,685	5,421	3,897	4,747	4,249	3,897	5,773	6,241
7	760	1,686	1,917	6,410	6,113	4,395	5,353	4,791	4,395	6,509	7,038
8	846	1,876	2,133	7,134	6,803	4,891	5,957	5,332	4,891	7,244	7,833
9	932	2,066	2,349	7,857	7,493	5,387	6,561	5,873	5,387	7,979	8,627
10	1,018	2,257	2,566	8,583	8,185	5,884	7,167	6,415	5,884	8,716	9,424

*Effective 10/01/2020

Resource and Income Limits for Aged, Blind and Disabled Programs

MIWD and MIWD with Premium Income Limits

FPL	200%	250%
MIWD	MIWD	MIWD PREMIUM
1	2,128	2,660
2	2,874	3,593

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

FPL	-	100%
HH SIZE	MNIL MA	ABD/OMB MSP/QMB
1	392	1,064
2	392	1,437
3	492	1,810
4	584	2,184
5	675	2,557
6	775	2,930
7	867	3,304
8	967	3,677
9	1,059	4,050
10	1,150	4,424
	+91	

SLMB and QI-1 Income Limits

FPL	120%	135%
HH	SLMB	QI-1
1	1,277	1,437
2	1,725	1,940

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	7,860
2	6,000	11,800
	Dependent Adult Child (DAC)	Maximum for Burial Trust
1	2,000	5,303

1

Spousal Impoverishment

SPOUSAL IMPOVERISHMENT		
Reserved Amount (IM-73)	MIN	25,728
	MAX	128,640
Community Spouse 150% FPL		2,114
*Effective 7/1/2020		* 2,155
Excess Shelter Limit		635
*Effective 7/1/2019		*647
Utility Standard		490
Max Maintenance Allowance for Ineligible Spouse		3,216

Facility Standard of Need

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs
	\$60	\$90 (Excl.)
ASSISTED LIVING WAIVER	SON	\$719 R&B
	\$783	+ \$64 Personal Needs
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL
	\$392	+ \$833 Remedial Care

Social Security Income (SSI)

HH SIZE	SSI LEVELS	
	Federal Benefit Rate (FBR)	Referral Level
1	783	803
2	1,175	1,195

Medicare Premium

Standard Medicare Part B Premium for 2020	Standard Medicare Part B Premium for dual eligible 2020
109 – 144.60	144.60

The premium amount for dual eligibles is assessed for those newly enrolled in part B in 2020, 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****One**

Income Range	Monthly Premium
\$ 1,064 \$ 2,127	\$ -
\$ 2,128 \$ 2,233	\$ 44
\$ 2,234 \$ 2,340	\$ 92
\$ 2,341 \$ 2,446	\$ 144
\$ 2,447 \$ 2,553	\$ 200
\$ 2,554 \$ 2,660	\$ 261

Two

Income Range	Monthly Premium
\$ 1,437 \$ 2,873	\$ -
\$ 2,874 \$ 3,017	\$ 59
\$ 3,018 \$ 3,160	\$ 124
\$ 3,161 \$ 3,304	\$ 194
\$ 3,305 \$ 3,448	\$ 270
\$ 3,449 \$ 3,593	\$ 352

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