

**Income levels/Federal Poverty Levels and Resources**

**Program Standards, Federal Poverty Levels (FPL), and Maximum Income  
(Unless otherwise noted figures are effective 1/1/2021)**

Figures listed are representative of dollar amounts

**Income Limits for MAGI Based Programs and Transitional Medical Assistance (TMA)**

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	247	548	623	2,083	1,986	1,429	1,740	1,558	1,429	2,115	2,287
2	334	741	843	2,817	2,687	1,932	2,353	2,106	1,932	2,861	3,093
3	421	934	1,062	3,551	3,386	2,434	2,965	2,654	2,434	3,606	3,898
4	508	1,127	1,282	4,286	4,087	2,938	3,579	3,204	2,938	4,352	4,706
5	595	1,320	1,501	5,019	4,786	3,441	4,191	3,752	3,441	5,097	5,511
6	682	1,513	1,720	5,753	5,486	3,944	4,804	4,300	3,944	5,842	6,316
7	769	1,706	1,940	6,488	6,187	4,448	5,418	4,849	4,448	6,587	7,123
8	856	1,899	2,159	7,221	6,886	4,951	6,030	5,397	4,951	7,333	7,928
9	943	2,091	2,378	7,954	7,585	5,453	6,642	5,945	5,453	8,077	8,733
10	1,031	2,285	2,598	8,690	8,287	5,958	7,256	6,495	5,958	8,823	9,541

**Resource and Income Limits for Aged, Blind and Disabled Programs**

**Income Limits for Medicaid Insurance for Workers with Disabilities (MIWD) and MIWD With Premium**

FPL	200%	250%
MI	MIWD	MIWD PREMIUM
1	2,147	2,685
2	2,904	3,630

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

FPL	-	100%
HH SIZE	MNIL MA	ABD/OMB MSP/QMB
1	392	1,074
2	392	1,452
3	492	1,830
4	584	2,209
5	675	2,587
6	775	2,965
7	867	3,344
8	967	3,722
9	1,059	4,100
10	1,150	4,479
	+91	

### Medicare Savings Program (MSP), Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individual (QI) Income Limits

FPL	120%	135%
HH	SLMB	QI-1
1	1,289	1,450
2	1,743	1,961

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

\*For QMB's with a household larger than 2, follow the 100% FPL chart for the households income guideline.

### Resource Limits

HH SIZE	RESOURCE LIMITS	
	AABD/MA	MSP/QMB SLMB/QI-1
1	4,000	7,970
2	6,000	11,960
	<b>Dependent Adult Child (DAC)</b>	<b>Maximum for Burial Trust</b>
1	2,000	5,372

### Spousal Impoverishment

SPOUSAL IMPOVERISHMENT		
Reserved Amount (IM-73)	MIN	26,076
	MAX	130,380
Community Spouse 150% FPL *Effective 7/1/2019 through 6/30/20 **Effective as of 7/1/20		2,114*
		2,155**
Excess Shelter Limit *Effective 7/1/2019 through 6/30/20 **Effective as of 7/1/20		635*
		647**
Utility Standard		491
Max Maintenance Allowance for Ineligible Spouse		3,260

### Facility Standard of Need

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$60	
ASSISTED LIVING WAIVER	SON	\$730 R&B + \$64 Personal Needs
	\$794	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$844 Remedial Care
	\$392*	

### Social Security Income (SSI)

HH SIZE	SSI LEVELS	
	Federal Benefit Rate (FBR)	Referral Level
1	794	814
2	1,191	1,211

## Medicare Premium

Standard Medicare Part B Premium for 2021	Standard Medicare Part B Premium for dual eligible 2021
109 – 148.50	148.50

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

#### 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 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
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

**\*\*\*The 2020 MIWD and TMA premium figures will remain effective in 2021 until further notice.**