

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

Medicaid Income Levels, Federal Poverty Levels, and Resources

Income levels/Federal Poverty Levels and Resources

Program Standards, Federal Poverty Levels, and Maximum Income (Unless otherwise noted figures are effective 1/1/2026)

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	306	679	772	2,581	2,461	1,769	2,155	1,929	1,769	2,621	2,833
2	415	920	1,047	3,500	3,338	2,400	2,923	2,616	2,400	3,554	3,843
3	524	1,162	1,321	4,418	4,213	3,029	3,689	3,302	3,029	4,486	4,851
4	633	1,403	1,595	5,335	5,088	3,658	4,455	3,988	3,658	5,418	5,858
5	742	1,644	1,870	6,255	5,965	4,288	5,223	4,675	4,288	6,352	6,868
6	851	1,886	2,145	7,173	6,840	4,918	5,990	5,361	4,918	7,284	7,875
7	960	2,127	2,419	8,090	7,715	5,547	6,756	6,047	5,547	8,215	8,883
8	1,068	2,369	2,694	9,010	8,592	6,177	7,524	6,734	6,177	9,149	9,892
9	1,177	2,610	2,968	9,927	9,467	6,806	8,290	7,420	6,806	10,081	10,900
10	1,286	2,851	3,243	10,845	10,342	7,435	9,056	8,106	7,435	11,013	11,907

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	2,659	3,325
2	3,606	4,510

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

FPL	-	100%
HH SIZE	MNIL MA	ABD/OMB MSP/QMB
1	392	1,330
2	392	1,804
3	492	2,277
4	584	2,750
5	675	3,224
6	775	3,697
7	867	4,170
8	967	4,644
9	1,059	5,117
10	1,150	5,590
	+91	

SLMB and QI-1 Income Limits

FPL	120%	135%
HH SIZE	SLMB	QI-1
1	1,596	1,796
2	2,165	2,436

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	9,950
2	6,000	14,910
	Dependent Adult Child (DAC)	Maximum for Burial Trust Effective 9/1/25
1	2,000	6,696

Spousal Impoverishment

SPOUSAL IMPOVERISHMENT		
Reserved Amount (IM-73) Effective through 12/31/25	MIN	31,584
	MAX	157,920
Reserved Amount (IM-73) Effective 1/1/26	MIN	32,532
	MAX	162,660
Community Spouse 150% FPL *Effective 7/1/24 through 6/30/25 **Effective 7/1/25		2,555*
		2,644**
Excess Shelter Limit *Effective 7/1/23 through 6/30/25 **Effective 7/1/25		767*
		794**
Utility Standard *Effective through 12/31/25 **Effective 1/1/26		599*
		615**
Max Maintenance Allowance for Ineligible Spouse *Effective through 12/31/25 **Effective 1/1/26		3,948*
		4,067**

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*	

Facility Standard of Need – Effective 1/1/25

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$892 R&B + \$75 Personal Needs
	\$967	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$1,028 Remedial Care
	\$1,420	

Facility Standard of Need – Effective 1/1/26

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$919 R&B + \$75 Personal Needs
	\$994	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$1,055 Remedial Care
	\$1,447	

Social Security Income (SSI)

HH SIZE	SSI LEVELS			
	Federal Benefit Rate (FBR)		Referral Level	
	2025	Effective 1/1/26	2025	Effective 1/1/26
1	967	994	987	1,014
2	1,450	1,491	1,470	1,511

Medicare Premium

Standard Medicare Part B Premium for 2025	Standard Medicare Part B Premium for dual eligible 2025
185.00	185.00

Standard Medicare Part B Premium Effective 1/1/26	Standard Medicare Part B Premium for dual eligible Effective 1/1/26
202.90	202.90

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 1/1/26

HH Size - 1

Low	High	Monthly Premium	Annual Premium
\$1,330	\$2,659	\$0	\$0
\$2,660	\$2,792	\$40	\$480
\$2,793	\$2,925	\$98	\$1,176
\$2,926	\$3,058	\$161	\$1,932
\$3,059	\$3,191	\$199	\$2,388
\$3,192	\$3,325	\$239	\$2,868

HH Size - 2

Low	High	Monthly Premium	Annual Premium
\$1,804	\$3,606	\$0	\$0
\$3,607	\$3,786	\$54	\$648
\$3,787	\$3,966	\$133	\$1,596
\$3,967	\$4,147	\$218	\$2,616
\$4,148	\$4,327	\$270	\$3,240
\$4,328	\$4,510	\$325	\$3,900

HH Size - 3

Low	High	Monthly Premium	Annual Premium
\$2,277	\$4,553	\$0	\$0
\$4,554	\$4,780	\$68	\$816
\$4,781	\$5,008	\$167	\$2,004
\$5,009	\$5,235	\$275	\$3,300
\$5,236	\$5,463	\$340	\$4,080
\$5,464	\$5,693	\$410	\$4,920

HH Size - 4

Low	High	Monthly Premium	Annual Premium
\$2,750	\$5,499	\$0	\$0
\$5,500	\$5,774	\$83	\$996
\$5,775	\$6,049	\$202	\$2,424
\$6,050	\$6,324	\$333	\$3,996
\$6,325	\$6,599	\$411	\$4,932
\$6,600	\$6,875	\$495	\$5,940

HH Size - 5

Low	High	Monthly Premium	Annual Premium
\$3,224	\$6,446	\$0	\$0
\$6,447	\$6,768	\$97	\$1,164
\$6,769	\$7,090	\$237	\$2,844
\$7,091	\$7,413	\$390	\$4,680
\$7,414	\$7,735	\$482	\$5,784
\$7,736	\$8,060	\$580	\$6,960

HH Size - 6

Low	High	Monthly Premium	Annual Premium
\$3,697	\$7,393	\$0	\$0
\$7,394	\$7,762	\$111	\$1,332
\$7,763	\$8,132	\$272	\$3,264
\$8,133	\$8,501	\$447	\$5,364
\$8,502	\$8,871	\$553	\$6,636
\$8,872	\$9,243	\$665	\$7,980

HH Size - 7

Low	High	Monthly Premium	Annual Premium
\$4,170	\$8,339	\$0	\$0
\$8,340	\$8,756	\$125	\$1,500
\$8,757	\$9,173	\$306	\$3,672
\$9,174	\$9,590	\$505	\$6,060
\$9,591	\$10,007	\$623	\$7,476
\$10,008	\$10,425	\$751	\$9,012

HH Size - 8

Low	High	Monthly Premium	Annual Premium
\$4,644	\$9,286	\$0	\$0
\$9,287	\$9,750	\$139	\$1,668
\$9,751	\$10,214	\$341	\$4,092
\$10,215	\$10,679	\$562	\$6,744
\$10,680	\$11,143	\$694	\$8,328
\$11,144	\$11,610	\$836	\$10,032

HH Size - 9

Low	High	Monthly Premium	Annual Premium
\$5,117	\$10,233	\$0	\$0
\$10,234	\$10,744	\$153	\$1,836
\$10,745	\$11,256	\$376	\$4,512
\$11,257	\$11,767	\$619	\$7,428
\$11,768	\$12,279	\$765	\$9,180
\$12,280	\$12,793	\$921	\$11,052

HH Size - 10

Low	High	Monthly Premium	Annual Premium
\$5,590	\$11,179	\$0	\$0
\$11,180	\$11,738	\$168	\$2,016
\$11,739	\$12,297	\$411	\$4,932
\$12,298	\$12,856	\$676	\$8,112
\$12,857	\$13,415	\$836	\$10,032
\$13,416	\$13,975	\$1,006	\$12,072

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 – Effective 1/1/26

FAMILY SIZE 1			FAMILY SIZE 2			FAMILY SIZE 3					
ADJUSTED MONTHLY EARNED			ADJUSTED MONTHLY EARNED			ADJUSTED MONTHLY EARNED					
INCOME		Fee	INCOME		Fee	INCOME		Fee			
1330	-	1396.99	36	1804	-	1893.99	49	2277	-	2390.99	62
1397	-	1462.99	38	1894	-	1983.99	52	2391	-	2503.99	65
1463	-	1529.99	40	1984	-	2073.99	54	2504	-	2617.99	68
1530	-	1595.99	42	2074	-	2163.99	57	2618	-	2731.99	71
1596	-	1662.99	44	2164	-	2253.99	59	2732	-	2845.99	75
1663	-	1728.99	46	2254	-	2343.99	62	2846	-	2959.99	78
1729	-	1795.99	47	2344	-	2434.99	64	2960	-	3073.99	81
1796	-	1861.99	49	2435	-	2524.99	67	3074	-	3186.99	84
1862	-	1928.99	51	2525	-	2614.99	69	3187	-	3300.99	87
1929	-	1994.99	53	2615	-	2704.99	71	3301	-	3414.99	90
1995	-	2061.99	55	2705	-	2794.99	74	3415	-	3528.99	93
2062	-	2127.99	56	2795	-	2884.99	76	3529	-	3642.99	96
2128	-	2194.99	58	2885	-	2975.99	79	3643	-	3756.99	99
2195	-	2260.99	60	2976	-	3065.99	81	3757	-	3869.99	103
2261	-	2327.99	62	3066	-	3155.99	84	3870	-	3983.99	106
2328	-	2393.99	64	3156	-	3245.99	86	3984	-	4097.99	109
2394	-	2461.00	66	3246	-	3338.00	89	4098	-	4213.00	112

FAMILY SIZE 4			FAMILY SIZE 5			FAMILY SIZE 6					
ADJUSTED MONTHLY EARNED			ADJUSTED MONTHLY EARNED			ADJUSTED MONTHLY EARNED					
INCOME		Fee	INCOME		Fee	INCOME		Fee			
2750	-	2887.99	75	3224	-	3384.99	88	3697	-	3881.99	101
2888	-	3024.99	79	3385	-	3545.99	92	3882	-	4065.99	106
3025	-	3162.99	83	3546	-	3706.99	97	4066	-	4250.99	111
3163	-	3299.99	86	3707	-	3867.99	101	4251	-	4435.99	116
3300	-	3437.99	90	3868	-	4028.99	105	4436	-	4620.99	121
3438	-	3574.99	94	4029	-	4189.99	110	4621	-	4805.99	126
3575	-	3712.99	98	4190	-	4351.99	114	4806	-	4990.99	131
3713	-	3849.99	101	4352	-	4512.99	119	4991	-	5174.99	136
3850	-	3987.99	105	4513	-	4673.99	123	5175	-	5359.99	141
3988	-	4124.99	109	4674	-	4834.99	127	5360	-	5544.99	146
4125	-	4262.99	113	4835	-	4995.99	132	5545	-	5729.99	151
4263	-	4399.99	116	4996	-	5156.99	136	5730	-	5914.99	156
4400	-	4537.99	120	5157	-	5318.99	141	5915	-	6099.99	161
4538	-	4674.99	124	5319	-	5479.99	145	6100	-	6283.99	166
4675	-	4812.99	128	5480	-	5640.99	149	6284	-	6468.99	171
4813	-	4949.99	131	5641	-	5801.99	154	6469	-	6653.99	176
4950	-	5088.00	135	5802	-	5965.00	158	6654	-	6840.00	181

FAMILY SIZE 7			FAMILY SIZE 8+				
ADJUSTED MONTHLY EARNED			ADJUSTED MONTHLY EARNED				
INCOME		Fee	INCOME		Fee		
4170	-	4378.99	114	4644	-	4875.99	126
4379	-	4586.99	119	4876	-	5107.99	133
4587	-	4795.99	125	5108	-	5339.99	139
4796	-	5003.99	131	5340	-	5571.99	145
5004	-	5212.99	136	5572	-	5803.99	152
5213	-	5420.99	142	5804	-	6035.99	158
5421	-	5629.99	148	6036	-	6268.99	164
5630	-	5837.99	153	6269	-	6500.99	171
5838	-	6046.99	159	6501	-	6732.99	177
6047	-	6254.99	165	6733	-	6964.99	183
6255	-	6463.99	170	6965	-	7196.99	190
6464	-	6671.99	176	7197	-	7428.99	196
6672	-	6880.99	182	7429	-	7661.99	202
6881	-	7088.99	187	7662	-	7893.99	209
7089	-	7297.99	193	7894	-	8125.99	215
7298	-	7505.99	199	8126	-	8357.99	221
7506	-	7715.00	204	8358	-	8592.00	228