

MEDICAID MONTHLY INCOME LIMITS
EFFECTIVE February 1, 2018

	Parents and Other Caretaker Relatives (POCR)	Medicaid CHIP Uninsured Child ages 14-18 (Code 5N)	Medicaid CHIP Uninsured Child ages 6-18 (Code 5E)	Plan First, Pregnant Women, and Children (ages 0-18)	ALL-Kids (low fee)	ALL-Kids (fee)
FAMILY SIZE	18% FPL*	Greater than 18% FPL – Up to and including 107% FPL	Greater than 107% FPL – Up to and including 146% FPL	146% FPL*	156% FPL*	317%FPL*
1	\$183.00	\$183.01 - \$1,083.00	\$1,083.01 - \$1,478.00	\$1,478.00	\$1,478.01 - \$1,579.00	\$1,579.01 - \$3,207.00
2	\$247.00	\$247.01 - \$1,468.00	\$1,468.01 - \$2,003.00	\$2,003.00	\$2,003.01 - \$2,140.00	\$2,140.01 - \$4,349.00
3	\$312.00	\$312.01 - \$1,853.00	\$1,853.01 - \$2,529.00	\$2,529.00	\$2,529.01 - \$2,702.00	\$2,702.01 - \$5,490.00
4	\$377.00	\$377.01 - \$2,239.00	\$2,239.01 - \$3,054.00	\$3,054.00	\$3,054.01 - \$3,263.00	\$3,263.01 - \$6,631.00
5	\$442.00	\$442.01 - \$2,624.00	\$2,624.01 - \$3,580.00	\$3,580.00	\$3,580.01 - \$3,825.00	\$3,825.01 - \$7,772.00
6	\$507.00	\$507.01 - \$3,009.00	\$3,009.01 - \$4,106.00	\$4,106.00	\$4,106.01 - \$4,387.00	\$4,387.01 - \$8,913.00
7	\$571.00	\$571.01 - \$3,394.00	\$3,394.01 - \$4,631.00	\$4,631.00	\$4,631.01 - \$4,948.00	\$4,948.01 - \$10,055.00
8	\$636.00	\$636.01 - \$3,779.00	\$3,779.01 - \$5,157.00	\$5,157.00	\$5,157.01 - \$5,510.00	\$5,510.01 - \$11,196.00

ADDITIONAL FAMILY MEMBERS OVER 8		
Add	\$65.00	for each additional family member for 18% of poverty*
Add	\$386.00	for each additional family member for 107% of poverty
Add	\$526.00	for each additional family member for 146% of poverty*
Add	\$562.00	for each additional family member for 156% of poverty*
Add	\$1,142.00	for each additional family member for 317% of poverty*

***The amount above includes the 5% Federal Poverty Level (FPL) disregard.**