

## DESK AID

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS							
Food Assistance	\$3,000 if one or more age 60 or older or disabled  \$2,000 all other households	Household Size							
			1	2	3	4	5	6	7
		Gross	\$ 1,174	\$ 1,579	\$ 1,984	\$ 2,389	\$ 2,794	\$ 3,200	\$ 3,605
		Net	\$ 903	\$ 1,215	\$ 1,526	\$ 1,838	\$ 2,150	\$ 2,461	\$ 2,773
		Max Allotment	\$ 200	\$ 367	\$ 526	\$ 668	\$ 793	\$ 952	\$ 1,052
FIP	\$2,000 per applicant household  \$5,000 per recipient household	Household Size							
			1	2	3	4	5	6	7
		Test 1	\$ 675.25	\$1,330.15	\$1,570.65	\$1,824.10	\$2,020.20	\$2,249.60	\$2,469.75
		Test 2	\$ 365	\$ 719	\$ 849	\$ 986	\$ 1,092	\$ 1,216	\$ 1,335
		Test 3	\$ 183	\$ 361	\$ 426	\$ 495	\$ 548	\$ 610	\$ 670
FMAP and FMAP-Related Medicaid	\$2,000 per applicant household  \$5,000 per recipient household	Household Size							
			1	2	3	4	5	6	7
		Test 1	\$ 675.25	\$1,330.15	\$1,570.65	\$1,824.10	\$2,020.20	\$2,249.60	\$2,469.75
		Test 2	\$ 365	\$ 719	\$ 849	\$ 986	\$ 1,092	\$ 1,216	\$ 1,335
		Test 3	\$ 183	\$ 361	\$ 426	\$ 495	\$ 548	\$ 610	\$ 670
Mothers and Children (MAC) Medicaid *	\$10,000 per household	Household Size							
		Poverty Level	1	2	3	4	5	6	7
		300% Preg. women/infants	\$ 2,708	\$ 3,643	\$ 4,578	\$ 5,513	\$ 6,448	\$ 7,383	\$ 8,318
		For each additional household member add \$935.							
		133% Children 1-18	\$ 1,201	\$ 1,615	\$ 2,030	\$ 2,444	\$ 2,859	\$ 3,273	\$ 3,688
For each additional household member add \$415.									
Medically Needy Medicaid *	\$10,000 per household	Medically Needy Income Level (MNIL) by Household Size							
		1	2	3	4	5	6	7	
		\$ 483	\$ 483	\$ 566	\$ 666	\$ 733	\$ 816	\$ 891	

100% Poverty Level	1	2	3	4	5	6	7
	\$ 903	\$ 1,215	\$ 1,526	\$ 1,838	\$ 2,150	\$ 2,461	\$ 2,773
	For each additional household member add \$312.						

300% Poverty Level MKN	1	2	3	4	5	6	7
	\$ 2,708	\$ 3,643	\$ 4,578	\$ 5,513	\$ 6,448	\$ 7,383	\$ 8,318
	For each additional household member add \$935.						

SSI-Related Medicaid *	\$2,000 for one person \$3,000 for a couple	Household Size (couple in own home)								
		1		2						
		\$ 674		\$ 1,011						
Medically Needy Medicaid *	\$10,000 per household	Medically Needy Income Level (MNIL) Household Size								
		1	2	3	4	5	6	7		
		\$ 483	\$ 483	\$ 566	\$ 666	\$ 733	\$ 816	\$ 891		
QMB * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Effective 3/1/09	Poverty Level	Household Size						
			100%	Individual	Couple					
				\$ 903	\$ 1,215					
SLMB * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Poverty Level	Household Size	Income Over	But Less Than					
		Effective 3/1/09	Individual	\$ 903	\$ 1,083					
		Over 100% but less than 120%	Couple	\$ 1,215	\$ 1,457					
Expanded SLMB * (QI-1) (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Poverty Level	Household Size	Income	But Less Than					
		Effective 3/1/09	Individual	\$ 1,083	\$ 1,219					
		120% but less than 135%	Couple	\$ 1,457	\$ 1,640					
QDWP Medicaid * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Effective 3/1/09	Poverty Level	Household Size						
			200%	Individual	Couple					
				\$ 1,805	\$ 2,429					
MEPD Medicaid for Employed People with Disabilities	\$12,000 for one person \$13,000 for a couple	Net countable income is less than 250% FPL	MEPD Income Limit Household Size							
			1	2	3	4	5	6	7	8
			\$ 2,257	\$ 3,036	\$ 3,815	\$ 4,594	\$ 5,373	\$ 6,153	\$ 6,932	\$ 7,711

<p>Monthly Medicare Part B Premium (Effective 1-1-2008)</p> <p>\$96.40</p>
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\* Note: Compare net countable income to the income limits.

## Medicaid for Employed People With Disabilities (MEPD)

MEPD	MONTHLY INCOME LIMITS						
	MEPD Household Size						
	1	2	3	4	5	6	7
<b>Below 250% FPL</b>	\$ 2,257	\$ 3,036	\$ 3,815	\$ 4,594	\$ 5,373	\$ 6,153	\$ 6,932

### MEPD Premiums Effective August 1, 2009

If the gross monthly income of the person getting MEPD is:	FPL	Premium Amount
\$ 1,354 or less	At or below 150%	<b>\$ 0</b>
<b>Above:</b> \$ 1,354	<b>Above:</b> 150%	\$ 25
1,625	180%	40
1,986	220%	55
2,256	250%	70
2,530	280%	85
2,800	310%	100
3,070	340%	120
3,340	370%	140
3,610	400%	165
3,880	430%	190
4,152	460%	220
4,423	490%	255
4,784	530%	295
5,190	575%	340
5,596	620%	390
\$ 6,047 and above	670%	452

## IowaCare

IowaCare	MONTHLY INCOME LIMITS						
	IowaCare Household Size						
	1	2	3	4	5	6	7
<b>At or below 200% FPL</b>	\$ 1,805	\$ 2,429	\$ 3,052	\$ 3,675	\$ 4,299	\$ 4,922	\$ 5,545
<b>Below 300% FPL</b>	\$ 2,708	\$ 3,643	\$ 4,578	\$ 5,513	\$ 6,448	\$ 7,383	\$ 8,318

## 2009 IowaCare Premiums

When the household's monthly income is at or below:	FPL	Each member's monthly premium is:
\$ 903	100%	No cost
993	110%	\$ 45
1,083	120%	49
1,174	130%	54
1,264	140%	58
1,354	150%	63
1,444	160%	67
1,535	170%	72
1,625	180%	76
1,715	190%	81
1,805	200%	85