

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES 2.3% COLA - Estimate FPLs
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL	N/A	1,167	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
	200%FPL	N/A	2,334			
PREGNANT WOMEN	100% FPL	N/A	1,167	NO RESOURCE TEST		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income, resources or household composition. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. The baby will have guaranteed eligibility for one year.
	200%FPL	N/A	2,334			
CHILDREN UNDER ONE	200%FPL	1,734	2,334	NO RESOURCE TEST		If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension.
CHILDREN AGE 1 THROUGH 5	133% FPL	1,153	1,552	NO RESOURCE TEST		If the income is above 133% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
CHILDREN AGE 6 THROUGH 18	100% FPL	867	1,167	NO RESOURCE TEST		If the income is above 100% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
UNDER 21, ADC-RELATED AND FNP	MEDICAID LEVEL	725	1,067	4,350	6,400	FNP parents cannot spenddown.
SINGLES/CHILDLESS COUPLES	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	2,000	2,000	The A/R cannot spenddown income or resources. Over age 60, resources are \$3000.
LOW INCOME FAMILIES	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	3,000	3,000	The A/R cannot spenddown income or resources.
SSI-RELATED	MEDICAID LEVEL	725	1,067	4,350	6,400	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	867	1,167	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	867	1,167	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,604	2,159	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,734	2,334	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	867	1,167	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,040	1,400			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,040	1,400	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,170	1,575			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150%	1,300	1,750	13,050	19,200	The A/R must be ineligible for Medicaid. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	867	1,167	13,050	19,200	
FAMILY PLANNING BENEFIT PROGRAM	200%	1,734	2,334	NO RESOURCE TEST		Provides Medicaid coverage for family planning services to persons of childbearing age with incomes at or below 200% FPL. Potentially eligible individuals will be screened for eligibility for Medicaid and FHPlus, unless they specifically request to be screened only for FPBP eligibility.
MEDICAID BUY-IN Program-MBI-WPD for Working People with Disabilities	250%	2,167	2,917	10,000		A/R's with a net income that is at least 150% but at or below 250% FPL will pay a premium. Currently, there is a moratorium on premium payment collection.