

NON-MAGI POPULATION						
CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE				SPECIAL NOTES
	ТО	1	2	1	2	
UNDER 21, ADC-RELATED	MEDICAID LEVEL	825	1,209	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	825	1,209	14,850	21,750	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	990	1,335			Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	990	1,335	4,000	,	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,832	2,470			A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,980	2,670	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	OVER 100% BUT AT OR BELOW 120% FPL	990	1,335	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,188				
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT	1,188		NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
	LESS THAN 135% FPL	1,337	1,803			
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250%	2,475	3,338	20,000	30,000	Countable retirement accounts are disregarded as resources effective 10/01/11.