

NON-MAGI POPULATION						
CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		
		1	2	1	2	SPECIAL NOTES
UNDER 21, ADC-RELATED	MEDICAID LEVEL	884	1,300	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	884	1,300	15,900	23,400	Household size is always one or two.
COBRA CONTINUATION COVERAGE	100% FPL	1,074	1,452	4,000		A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185% FPL	1,986	2,686			A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED MEDICARE BENEFICIARY (QMB)	AT OR BELOW 100% FPL	1,074	1,452			If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
SPECIFIED LOW-INCOME MEDICARE	OVER 100% BUT BELOW 120% FPL	1,074		NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. The A/R must have part A to qualify.
BENEFICIARY (SLMB)		1,288				
QUALIFIED INDIVIDUALS (QI)	GREATER THAN OR EQUAL TO 120% BUT LESS THAN 135% FPL	1,288		NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. The A/R must have part A to qualify.
		1,449				
QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)	200% FPL	2,147	2,904	4,000		If the A/R is determined eligible, Medicaid will pay Medicare Part A premium.
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250% FPL	2,684	3,630	20,000		Countable retirement accounts are disregarded as resources effective 10/01/11.

Revised January 21, 2021