

MEDICAID STANDARDS HELP SHEET

Med HH Size	Ribicoff Kids 44%	MAGI Adult (Aid Code) 66%	Parents/ Caretaker Relatives 90%	MAGI Adult (Aid Code) & QMB 100%	MAGI Child (Aid Code) 107%	SLMB 120%	MAGI Adult (Aid Code) 133%	QI-1 135%	MAGI Child (Aid Code) 141%	SRS 150%	MAGI Child (Aid Code) & CHIP 1** 156%	TMA 2nd Six Months 185%	Pregnant Women & QDWI 200%	CHIP 2** 206%	5% of FPL for Family Size*
1	\$586	\$878	\$1,197	\$1,330	\$1,424	\$1,596	\$1,769	\$1,796	\$1,876	\$1,995	\$2,075	\$2,461	\$2,660	\$2,740	\$67
2	\$794	\$1,191	\$1,623	\$1,804	\$1,930	\$2,164	\$2,399	\$2,435	\$2,543	\$2,705	\$2,814	\$3,336	\$3,607	\$3,715	\$91
3	\$1,002	\$1,503	\$2,049	\$2,277	\$2,437	\$2,732	\$3,028	\$3,074	\$3,211	\$3,415	\$3,552	\$4,212	\$4,554	\$4,690	\$114
4	\$1,210	\$1,815	\$2,475	\$2,750	\$2,943	\$3,300	\$3,658	\$3,713	\$3,878	\$4,125	\$4,290	\$5,088	\$5,500	\$5,665	\$138
5	\$1,419	\$2,128	\$2,901	\$3,224	\$3,449	\$3,868	\$4,288	\$4,352	\$4,545	\$4,835	\$5,029	\$5,963	\$6,447	\$6,641	\$162
6	\$1,627	\$2,440	\$3,327	\$3,697	\$3,956	\$4,436	\$4,917	\$4,991	\$5,213	\$5,545	\$5,767	\$6,839	\$7,394	\$7,616	\$185
7	\$1,835	\$2,753	\$3,753	\$4,170	\$4,462	\$5,004	\$5,547	\$5,630	\$5,880	\$6,255	\$6,506	\$7,715	\$8,340	\$8,591	\$209
8	\$2,044	\$3,065	\$4,179	\$4,644	\$4,969	\$5,572	\$6,176	\$6,269	\$6,548	\$6,965	\$7,244	\$8,590	\$9,287	\$9,566	\$233
9	\$2,252	\$3,377	\$4,605	\$5,117	\$5,475	\$6,140	\$6,806	\$6,908	\$7,215	\$7,675	\$7,982	\$9,466	\$10,234	\$10,541	\$256
10	\$2,460	\$3,690	\$5,031	\$5,590	\$5,982	\$6,708	\$7,435	\$7,547	\$7,882	\$8,385	\$8,721	\$10,342	\$11,180	\$11,516	\$280
11	\$2,668	\$4,002	\$5,457	\$6,064	\$6,488	\$7,276	\$8,065	\$8,186	\$8,550	\$9,095	\$9,459	\$11,217	\$12,127	\$12,491	\$304
12	\$2,877	\$4,315	\$5,883	\$6,537	\$6,995	\$7,844	\$8,694	\$8,825	\$9,217	\$9,805	\$10,198	\$12,093	\$13,074	\$13,466	\$327

* Use 5% deduction ONLY when comparing income to highest FPL for family size

** Only children who do not have other health insurance (TPL) are eligible for CHIP categories

MEDICAID NEED STD.

1/1/2026

Single	\$994
Couple	\$1,491

MEDICAID RESOURCE LIMIT

Single	\$2,000
Couple	\$3,000

FACILITY/WAIVER

SIL Special Income Level - 300% FBR	\$2,982 (Eff. 1/1/26)
PNA NF, ICF/IID	\$75 (to \$140) (Eff. 1/1/26)
SIMNA Waiver needs allowance	\$1,939 (Eff. 1/1/26)
ALMNA Assisted Living Needs allowance	\$994 (Eff. 1/1/26)
PRA Protected Resource Amount Min	\$32,532 (Eff. 1/1/26)
PRA Protected Resource Amount Max	\$162,660 (Eff. 1/1/26)
MMMNA Maximum	\$4,066.50 (Eff. 1/1/26)
MMMNA	\$2,643.75 (Eff. 7/1/25)
ESA Standard	\$793.13 (Eff. 7/1/25)
APPR Avg. Monthly Private Pay Rate	\$7,787 (Eff. 9/1/24)
Home Equity Limit	\$752,000 (Eff. 1/1/26)
SUA Standard Utility Allowance	\$766 (Eff. 10/1/25)

DEEMING

Parent to Child	\$497
1 Parent	\$994
2 Parents	\$1,491

MPAP RESOURCE LIMIT 1/1/2026

Single	\$9,950
Couple	\$14,910

SSI PMT (FBR)

1/1/2026

Single	\$994
Couple	\$1,491

MEDICARE PREMIUM

1/1/2026	\$202.90
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MEDICARE DEDUCTIBLE

1/1/2026

Part A	\$1,736
Part B	\$283

MBIWD/Ohio WorkAbility Individual Resource Limit	\$15,668 (Eff. 1/1/26)
MBIWD/Ohio WorkAbility 250% FPL	\$3,325 (Eff. 3/1/26)