

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES COLA 4.1%; actual FPLs
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,100 2,200	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,100 2,200	NO RESOURCE TEST		If the woman is detemined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby will have guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level.
CHILDREN UNDER ONE	200%FPL	1,634	2,200	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	1,087	1,463	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	817	1,100	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	692	900	4,150	5,400	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	692	900	4,150	5,400	Household size is always one or two.
BUY-IN (QMB)	100%FPL	817	1,100	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	817	1,100	4,000	6,000	A/R may or may not be eligible for Medical Assistance benefits.
AIDS INSURANCE	185%FPL	1,511	2,035	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,634	2,200	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	817	1,100	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		980	1,320			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	980	1,320	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
		1,103	1,485			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150%	1,225	1,650	12,450	16,200	The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	817	1,100	12,450	16,200	
FAMILY PLANNING BENEFIT PROGRAM	200%	1,634	2,200	NO RESOURCE TEST		The A/R must be ineligible for Medical Assistance or Family Health Plus. The A/R cannot spenddown to become eligible for the Family Planning Benefit Program..