

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES FPL's are based on a COLA of 3.3%
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,141 2,282	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	1,141 2,282	NO RESOURCE TEST		If the woman is determined 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	1,702	2,282	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	1,132	1,518	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	851	1,141	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	700	900	4,200	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	700	900	4,200	5,400	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	851	1,141	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	851	1,141	4,000	6,000	A/R may or may not be eligible for Medical Assistance benefits.
AIDS INSURANCE	185%FPL	1,575	2,111	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,702	2,282	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	851 1,021	1,141 1,369	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,021 1,149	1,369 1,541	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150% 100%	1,277 851	1,712 1,141	12,600	16,200	The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
FAMILY PLANNING BENEFIT PROGRAM	200%	1,702	2,282	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..
MEDICAID BUY-IN Program for People with Disabilities (MBI-WPD)	250%	2,128	2,853	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.