

Virginia Medical Assistance Eligibility Manual

Chapter M00

Appendix – Income Charts

Created April 2026

Chapter M00 Appendix Changes

Changed With	Effective Date	Pages Changed
TN DMAS#39	7/1/26	Pages 7, 8, 10, 11, 18; page 20 is added

TN – Transmittal

UP – Update

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REFERENCE INFORMATION – GROUPING OF LOCALITIES

The three locality tables that follow are used in conjunction with the following income charts: MAGI Income Charts, Families & Children Income, and Aged, Blind and Disabled Income Charts.

The information in the tables is associated with Chapters M04, M07 and M08 of the Medical Assistance Eligibility Manual.

Chart Name: Grouping of Localities – Group I

Effective Date: July 1, 2017

Counties – Listed Alphabetically: A - Fra	Counties – Listed Alphabetically: Fre -N	Counties – Listed Alphabetically: O - Y	Cities
Accomack Alleghany Amelia Amherst Appomattox Bath Bedford Bland Botetourt Brunswick Buchanan Buckingham Campbell Caroline Carroll Charles City Charlotte Clarke Craig Culpeper Cumberland Dickenson Dinwiddie Essex Fauquier Floyd Fluvanna Franklin	Frederick Giles Gloucester Goochland Grayson Greene Greensville Halifax Hanover Henry Highland Isle of Wight James City King George King & Queen King William Lancaster Lee Louisa Lunenburg Madison Mathews Mecklenburg Middlesex Nelson New Kent Northampton Northumberland Nottoway	Orange Page Patrick Pittsylvania Powhatan Prince Edward Prince George Pulaski Rappahannock Richmond County Rockbridge Russell Scott Shenandoah Smyth Southampton Spotsylvania Stafford Surry Sussex Tazewell Washington Westmoreland Wise Wythe York	Bristol Buena Vista Danville Emporia Franklin Galax Norton Suffolk

Chart Name: Grouping of Localities – Group II

Effective Date: July 1, 2017

Counties	Cities
Albemarle	Chesapeake
Augusta	Covington
Chesterfield	Harrisonburg
Henrico	Hopewell
Loudoun	Lexington
Roanoke	Lynchburg
Rockingham	Martinsville
Warren	Newport News
	Norfolk
	Petersburg
	Portsmouth
	Poquoson
	Radford
	Richmond Roanoke
	Salem
	Staunton
	Virginia Beach
	Williamsburg
	Winchester

Chart Name: Grouping of Localities – Group III

Effective Date: July 1, 2017

Counties	Cities
Arlington	Alexandria
Fairfax	Charlottesville
Montgomery	Colonial Heights
Prince William	Falls Church
	Fredericksburg
	Hampton
	Manassas
	Manassas Park
	Waynesboro

REFERENCE INFORMATION – TREATMENT OF INCOME FOR CHILDREN, FAMILIES & CHILDREN, AND CHILDREN COVERED GROUPS

The table below is used in conjunction the following income charts: MAGI Income Charts, Families & Children Income.

The information in the table is associated with Chapters M04 and M07 of the Medical Assistance Eligibility Manual.

Effective Date: July 2025

INCOME	MAGI COVERED GROUPS	MEDICALLY NEEDY; 300% SSI; F&C COVERED GROUPS
<i>Difficulty of Care Payments</i>	<i>Not counted</i>	<i>Counted with appropriate earned income disregards</i>
Earnings	Counted with no disregards	Counted with appropriate earned income disregards
Social Security Benefits Adult's MAGI household	Benefits received by a parent or stepparent are counted for his eligibility determination, as well as the eligibility determinations of his spouse and children in the home.	Counted if anyone in the Family Unit/Budget Unit receives
Social Security Benefits Child's MAGI household	If the child lives with a parent, only counted if the child is required to file a federal tax return.	Counted if anyone in the Family Unit/Budget Unit receives
Child Support Received	Not counted	Counted – subject to \$50 exclusion
Child Support Paid	Not deducted from income	Not deducted from income
Alimony Received	Counted if divorce agreement was finalized prior to January 1, 2019, and the agreement has not been modified.	Counted – subject to \$50 exclusion if comingled with child support
Alimony Paid	Deducted from income if divorce agreement was finalized prior to January 1, 2019	Not deducted from income
Worker's Compensation	Not counted	Counted
Veteran's Benefits	Not counted if they are not taxable in IRS Publication 525	Counted
Scholarships, fellowships, grants and awards used for educational purposes	Not counted	Not counted
Student Loan Debt	Effective January 1, 2019, student loan debt forgiven due to death or disability of student is not counted as income.	Not applicable

INCOME	MAGI COVERED GROUPS	MEDICALLY NEEDED; 300% SSI; F&C COVERED GROUPS
Foreign Income (whether or not excluded from taxes)	Counted	Counted
Interest	Counted	Counted
Lump Sums	Income in month of receipt	Income in month of receipt
Lottery & Gambling Winnings	Lottery and gambling winnings of \$80,000 or greater, received in a single payout, are counted in the month received and over a period of up to 120 months. Income in month of receipt for other HH members.	Income in month of receipt
Gifts, inheritances, life insurance proceeds	Not counted	Counted as lump sum in month of receipt
Parsonage allowance	Not counted	Counted
Pandemic Unemployment Compensation Payments	Not counted (regular Unemployment Compensation is counted.)	Not counted (regular Unemployment Compensation is counted.)
Federal COVID-19 relief payments	Not counted	Not counted

MAGI INCOME CHARTS

NOTE: The income charts in this section are associated with Chapter M04 – Modified Adjusted Gross Income (MAGI) of the Medical Assistance Eligibility Manual.

Income Chart Name: 5% Federal Poverty Level (FPL) Income Disregard Amounts - All Localities

Effective Date: January 13, 2026

Household Size	Monthly Amount
1	\$67
2	\$91
3	\$114
4	\$138
5	\$162
6	\$185
7	\$209
8	\$233
Each additional, add	\$24

Income Chart Name: Gap-Filling Rule Evaluation 100% Federal Poverty Level (FPL) Income Limits

Effective Date: January 13, 2026

Household size	Annual (Use for Gap-Filling Evaluation)	Monthly
1	\$15,960	\$1,330
2	\$21,640	\$1,804
3	\$27,320	\$2,277
4	\$33,000	\$2,750
5	\$38,680	\$3,224
6	\$44,360	\$3,697
7	\$50,040	\$4,170
8	\$55,720	\$4,644
Each additional, add	\$5,680	\$474

Income Chart Name: Pregnant Women 143% Federal Poverty Level (FPL) Income Limits – All Localities

Effective Date: January 13, 2026

NOTE: A pregnant woman's household is at least two individuals when evaluated in the Pregnant Women covered group.

Household Size	143% FPL Yearly Amount	143% FPL Monthly Amount	148% FPL (143% FPL + 5% FPL Disregard)
2	\$30,946	\$2,579	\$2,669
3	\$39,068	\$3,256	\$3,370
4	\$47,190	\$3,933	\$4,070
5	\$55,313	\$4,610	\$4,771
6	\$63,435	\$5,287	\$5,472
7	\$71,558	\$5,964	\$6,172
8	\$79,680	\$6,640	\$6,873
Each additional, add	\$8,123	\$677	\$701

Income Chart Name: Child Under Age 19 – 143% Federal Poverty Level (FPL) Income Limits – All Localities

Effective Date: January 13, 2026

# of Persons in Household	109% FPL for Determining Aid Category: Monthly Limit	143% FPL: Annual Limit	143% FPL: Monthly Limit	148% FPL (143% FPL + 5% FPL Disregard): Monthly Limit
1	\$1,450	\$22,823	\$1,902	\$1,969
2	\$1,966	\$30,946	\$2,579	\$2,669
3	\$2,482	\$39,068	\$3,256	\$3,370
4	\$2,998	\$47,190	\$3,933	\$4,070
5	\$3,514	\$55,313	\$4,610	\$4,771
6	\$4,030	\$63,435	\$5,287	\$5,472
7	\$4,546	\$71,558	\$5,964	\$6,172
8	\$5,062	\$79,680	\$6,640	\$6,873
Each additional, add	\$516	\$8,123	\$677	\$701

Income Chart Name: Low-Income Families with Children (LIFC) Income Limits**Effective Date:** July 1, 2026**NOTE:** Refer to Section M0010 in this document for a list of Group I, II and III localities and cities.**Group I Income Chart**

Household Size	Monthly Amount	Annual Amount
1	\$338	\$4,056
2	\$509	\$6,108
3	\$649	\$7,788
4	\$785	\$9,420
5	\$920	\$11,040
6	\$1,037	\$12,444
7	\$1,173	\$14,076
8	\$1,310	\$15,720
Additional	\$143	\$1,716

Group II Income Chart

Household Size	Monthly Amount	Annual Amount
1	\$441	\$5,292
2	\$626	\$7,512
3	\$788	\$9,456
4	\$938	\$11,256
5	\$1,104	\$13,248
6	\$1,241	\$14,892
7	\$1,391	\$16,692
8	\$1,550	\$18,600
Additional	\$160	\$1,920

Group III Income Chart

Household Size	Monthly Amount	Annual Amount
1	\$659	\$7,908
2	\$882	\$10,584
3	\$1,076	\$12,912
4	\$1,259	\$15,108
5	\$1,491	\$17,892
6	\$1,656	\$19,872
7	\$1,841	\$22,092
8	\$2,036	\$24,432
Additional	\$193	\$2,316

Income Chart Name: Individuals Under 21 Income Limits

Effective Date: July 1, 2026

NOTE: Refer to Section M0010 in this document for a list of Group I, II and III localities and cities.

Group I Income Chart

Household Size	Monthly Amount	Annual Amount
1	\$324	\$3,888
2	\$494	\$5,928
3	\$635	\$7,620
4	\$767	\$9,204
5	\$904	\$10,848
6	\$1,012	\$12,144
7	\$1,144	\$13,728
8	\$1,286	\$15,432
Additional	\$139	\$1,668

Group II Income Chart

Household Size	Monthly Amount	Annual Amount
1	\$436	\$5,232
2	\$628	\$7,536
3	\$786	\$9,432
4	\$939	\$11,268
5	\$1,108	\$13,296
6	\$1,241	\$14,892
7	\$1,391	\$16,692
8	\$1,549	\$18,588
Additional	\$158	\$1,896

Group III Income Chart

Household Size	Monthly Amount	Annual Amount
1	\$575	\$6,900
2	\$772	\$9,264
3	\$931	\$11,172
4	\$1,090	\$13,080
5	\$1,290	\$15,480
6	\$1,420	\$17,040
7	\$1,575	\$18,900
8	\$1,734	\$20,808
Additional	\$159	\$1,908

Income Chart Name: Plan First 200% Federal Poverty Level (FPL) Income Limits – All Localities

Effective Date: January 13, 2026

Household Size	200% FPL Yearly Amount	200% FPL Monthly Amount	205% FPL (200% FPL + 5% FPL Disregard)
1	\$31,920	\$2,660	\$2,727
2	\$43,280	\$3,607	\$3,697
3	\$54,640	\$4,554	\$4,668
4	\$66,000	\$5,500	\$5,638
5	\$77,360	\$6,447	\$6,608
6	\$88,720	\$7,394	\$7,579
7	\$100,080	\$8,340	\$8,549
8	\$111,440	\$9,287	\$9,519
Each additional, add	\$11,360	\$947	\$971

Income Chart Name: MAGI Adults 133% Federal Poverty Level (FPL) Income Limits – All Localities

Effective Date: January 13, 2026

Household Size	133% FPL Yearly Amount	133% FPL Monthly Amount	138% FPL (133% FPL + 5% FPL Disregard)
1	\$21,227	\$1,769	\$22,025
2	\$28,782	\$2,399	\$29,864
3	\$36,336	\$3,028	\$37,702
4	\$43,890	\$3,658	\$45,540
5	\$51,445	\$4,288	\$53,379
6	\$58,999	\$4,917	\$61,217
7	\$66,554	\$5,547	\$69,056
8	\$74,108	\$6,176	\$76,894
Each additional, add	\$7,555	\$630	\$7,839

FAMILIES & CHILDREN INCOME

Income Chart Name: Families & Children Medically Needy Income Limits

Effective Date: July 1 2026

NOTE: The income charts in this section are associated with Chapter M07 – Families and Children Income of the Medical Assistance Eligibility Manual. Refer to the Reference Information – Grouping of Localities section in this document for a list of Group I, II and III localities and cities.

Group I Income Chart

# of Persons in Family/Budget Unit	Semi-Annual Income	Monthly Income
1	\$2,531.64	\$421.94
2	\$3,214.38	\$535.73
3	\$3,787.59	\$631.26
4	\$4,273.21	\$712.20
5	\$4,758.81	\$793.13
6	\$5,244.40	\$874.06
7	\$5,729.99	\$954.99
8	\$6,312.71	\$1,052.11
Each additional person	\$652.56	\$108.76

Group II Income Chart

# of Persons in Family/Budget Unit	Semi-Annual Income	Monthly Income
1	\$2,913.53	\$485.58
2	\$3,587.26	\$597.87
3	\$4,176.10	\$696.01
4	\$4,661.70	\$776.95
5	\$5,147.29	\$857.88
6	\$5,632.89	\$938.81
7	\$6,118.49	\$1,019.74
8	\$6,701.20	\$1,116.86
Each additional person	\$652.56	\$108.76

Group III Income Chart

# of Persons in Family/Budget Unit	Semi-Annual Income	Monthly Income
1	\$3,787.59	\$631.26
2	\$4,566.19	\$761.03
3	\$5,147.29	\$857.88
4	\$5,632.89	\$938.81
5	\$6,118.49	\$1,019.74
6	\$6,604.08	\$1,100.68
7	\$7,089.68	\$1,181.61
8	\$7,575.30	\$1,262.55
Each additional person	\$652.56	\$108.76

Income Chart Name: Families & Children 100% Standard of Assistance

Effective Date: July 1 2026

NOTE: Used as the Families and Children Deeming Standard.

Group I Income Chart

Household Size	Income Limit
1	\$333
2	\$499
3	\$636
4	\$772
5	\$906
6	\$1,022
7	\$1,150
8	\$1,291
Each additional person	\$141

Group II Income Chart

Household Size	Income Limit
1	\$434
2	\$615
3	\$775
4	\$921
5	\$1,083
6	\$1,223
7	\$1,370
8	\$1,525
Each additional person	\$158

Group III Income Chart

Household Size	Income Limit
1	\$649
2	\$867
3	\$1,059
4	\$1,240
5	\$1,464
6	\$1,628
7	\$1,814
8	\$2,005
Each additional person	\$190

12-MONTH EXTENDED MEDICAID INCOME LIMITS

Last Section Revision Date: January 2026

NOTE: The income chart in this section is associated with Chapter M15 – Entitlement Policy & Procedures of the Medical Assistance Eligibility Manual.

Income Chart Name: Twelve Month Extended Medicaid Income Limits – 185% of Federal Poverty Limits: All Localities

Effective 1/13/26

# of Persons in Family Unit / Budget Unit	185% FPL Monthly Limit
1	\$616.05
2	\$923.15
3	\$1,176.60
4	\$1,428.20
5	\$1,676.10
6	\$1,890.70
7	\$2,127.50
8	\$2,388.35
Each additional, add	\$260.85

FAMIS INCOME LIMITS

Last Section Revision Date: January 2026

NOTE: The income charts in this section are associated with Chapter M21 – FAMIS of the Medical Assistance Eligibility Manual.

Income Chart Name: FAMIS Income Limits - All Localities

Effective 1/13/26

# of Persons in FAMIS Household	150% FPL Annual Limit	150% FPL Monthly Limit
1	\$23,940	\$1,995
2	\$32,460	\$2,705
3	\$40,980	\$3,415
4	\$49,500	\$4,125
5	\$58,020	\$4,835
6	\$66,540	\$5,545
7	\$75,060	\$6,255
8	\$83,580	\$6,965
Each additional, add	\$8,520	\$710

# of Persons in FAMIS Household	200% FPL Annual Limit	200% FPL Monthly Limit
1	\$31,920	\$2,660
2	\$43,280	\$3,607
3	\$54,640	\$4,554
4	\$66,000	\$5,500
5	\$77,360	\$6,447
6	\$88,720	\$7,394
7	\$100,080	\$8,340
8	\$111,440	\$9,287
Each additional, add	\$11,360	\$947

# of Persons in FAMIS Household	205% FPL Annual Limit (200% FPL + 5% Disregard as Displayed in VaCMS)
1	\$2,727
2	\$3,697
3	\$4,668
4	\$5,638
5	\$6,608
6	\$7,579
7	\$8,549

# of Persons in FAMIS Household	205% FPL Annual Limit (200% FPL + 5% Disregard as Displayed in VaCMS)
8	\$9,519
Each additional, add	\$971

FAMIS MOMS INCOME LIMITS

NOTE: The income chart in this section is associated with Chapter M22 – FAMIS Moms of the Medical Assistance Eligibility Manual.

Income Chart Name: FAMIS Moms 200% FPL Income Limits - All Localities

Effective: 1/13/26

Household Size	200% FPL Yearly Amount	200% FPL Monthly Amount	205% FPL (200% FPL + 5% FPL Disregard as Displayed in VaCMS)
2	\$43,280	\$3,607	\$3,697
3	\$54,640	\$4,554	\$4,668
4	\$66,000	\$5,500	\$5,638
5	\$77,360	\$6,447	\$6,608
6	\$88,720	\$7,394	\$7,579
7	\$100,080	\$8,340	\$8,549
8	\$111,440	\$9,287	\$9,519
Each additional, add	\$11,360	\$947	\$971

FAMIS PRENATAL COVERAGE INCOME LIMITS

NOTE: The income charts in this section are associated with Chapter M23 – FAMIS Prenatal Coverage of the Medical Assistance Eligibility Manual.

Income Chart Name: FAMIS Prenatal Coverage 200% FPL Income Limits - All Localities
Effective: 1/13/26

Enroll Using Aid Category 110

Household Size	143% FPL Yearly Amount	143% FPL Monthly Amount	148% FPL (143% FPL + 5% FPL Disregard)
2	\$30,946	\$2,579	\$2,669
3	\$39,068	\$3,256	\$3,370
4	\$47,190	\$3,933	\$4,070
5	\$55,313	\$4,610	\$4,771
6	\$63,435	\$5,287	\$5,472
7	\$71,558	\$5,964	\$6,172
8	\$79,680	\$6,640	\$6,873
Each additional, add	\$8,123	\$677	\$701

Enroll Using Aid Category 111

Household Size	200% FPL Yearly Amount	200% FPL Monthly Amount	205% FPL (200% FPL + 5% FPL Disregard)
2	\$43,280	\$3,607	\$3,697
3	\$54,640	\$4,554	\$4,668
4	\$66,000	\$5,500	\$5,638
5	\$77,360	\$6,447	\$6,608
6	\$88,720	\$7,394	\$7,579
7	\$100,080	\$8,340	\$8,549
8	\$111,440	\$9,287	\$9,519
Each additional, add	\$11,360	\$947	\$971

AGED, BLIND & DISABLED (ABD) INCOME LIMITS

Last Section Revision Date: January 2026

NOTE: The income charts in this section are associated with Chapter M08 – Aged, Blind and Disabled (ABD) of the Medical Assistance Eligibility Manual. Refer to the Reference Information – Grouping of Localities section in this document for a list of Group I, II and III localities and cities.

The Medicaid covered group determines which income limit to use to determine eligibility.

A. Categorically Needy Overview

Supplemental Security Income (SSI) and State Supplement (Auxiliary Grant) recipient's money payments meet the income eligibility criteria in the ABD Categorically Needy covered group.

B. Categorically Needy Protected Cases Only

Income Chart Name: Categorically Needy Protected Covered Groups Which Use SSI Income Limits

Effective Date: January 2026

Family Unit Size	2025 Monthly Amount	2026 Monthly Amount
1	\$967	\$994
2	\$1,450	\$1,490

Income Chart Name: Individual or Couple Whose Total Food and Shelter Needs are Contributed to the Individual or Couple

Effective Date: January 2026

Family Unit Size	2025 Monthly Amount	2026 Monthly Amount
1	\$645	\$663
2	\$967	\$994

C. Categorically Needy 300% of SSI

Income Chart Name: Categorically Needy 300% of SSI

Effective Date: January 2026

NOTE: For the covered groups that use the 300% of SSI income limit, all income is counted (even excluded income) when screening at 300% of SSI. Do not count any monies which are defined as “what is not income” in S0815.000.

Family Unit Size	2025 Monthly Amount	2026 Monthly Amount
1	\$2,901	\$2,982

D. ABD Medically Needy

Income Chart Name: Aged, Blind, Disabled (ABD) Medically Needy

Effective Date: July 2026

Group I Income Chart

Family Unit Size	7/1/25-6/30/26 Semi-annual	7/1/25-6/30/26 Monthly	7/1/26 Semi-annual	7/1/26 Monthly
1	\$2,460.34	\$410.05	\$2,531.64	\$421.94
2	\$3,132.06	\$522.01	\$3,214.38	\$535.73

Group II Income Chart

Family Unit Size	7/1/25-6/30/26 Semi-annual	7/1/25-6/30/26 Monthly	7/1/26 Semi-annual	7/1/26 Monthly
1	\$2,838.87	\$473.14	\$2,913.53	\$485.58
2	\$3,495.33	\$582.55	\$3,587.26	\$597.87

Group III Income Chart

Family Unit Size	7/1/25-6/30/26 Semi-annual	7/1/25-6/30/26 Monthly	7/1/26 Semi-annual	7/1/26 Monthly
1	\$3,690.53	\$615.08	\$3,787.59	\$631.26
2	\$4,449.18	\$741.53	\$4,566.19	\$761.03

E. ABD Categorically Needy

Acronym Definitions Used in the Following Income Charts

- **ABD** – Aged, Blind, Disabled
- **FPL** – Federal Poverty Limit
- **QDWI** – Qualified Disabled Working Individuals
- **QI** – Qualifying Individual
- **QMB** – Qualified Medicare Beneficiary
- **SLMB** – Specified Low-Income Medicare Beneficiary
- **SSI** – Social Security Income

The following income charts are for:

- ABD 80% FPL, QMB, SLMB, and QI without Social Security income; all QDWI
 - Effective 1/13/26
 - All Localities
- ABD 80% FPL, QMB, SLMB, and QI with Social Security income
 - Effective 3/1/26
 - All Localities

Income Chart Name: Aged, Blind, Disabled (ABD) Categorically Needy for 80% FPL
Effective Date: January 13, 2026 for those without SSI; March 1, 2026 for those with SSI

Family Unit Size	2025 Annual	2025 Monthly	2026 Annual	2026 Monthly
1	\$12,520	\$1,044	\$12,768	\$1,064
2	\$16,920	\$1,410	\$17,312	\$1,443

Income Chart Name: Aged, Blind, Disabled (ABD) Categorically Needy for QMB 100% FPL
Effective Date: January 13, 2026 for those without SSI; March 1, 2026 for those with SSI

Family Unit Size	2025 Annual	2025 Monthly	2026 Annual	2026 Monthly
1	\$15,650	\$1,305	\$15,960	\$1,330
2	\$21,150	\$1,763	\$21,640	\$1,804

Income Chart Name: Aged, Blind, Disabled (ABD) Categorically Needy for SLMB 120% of FPL
Effective Date: January 13, 2026 for those without SSI; March 1, 2026 for those with SSI

Family Unit Size	2025 Annual	2025 Monthly	2026 Annual	2026 Monthly
1	\$18,780	\$1,565	\$19,152	\$1,596
2	\$25,380	\$2,115	\$25,968	\$2,164

Income Chart Name: Aged, Blind, Disabled (ABD) Categorically Needy for QI 135% of FPL
Effective Date: January 13, 2026 for those without SSI; March 1, 2026 for those with SSI

Family Unit Size	2025 Annual	2025 Monthly	2026 Annual	2026 Monthly
1	\$21,128	\$1,761	\$21,546	\$1,796
2	\$28,553	\$2,380	\$29,214	\$2,435

Income Chart Name: Aged, Blind, Disabled (ABD) Categorically Needy for QDWI 200% of FPL
Effective Date: January 13, 2026

Family Unit Size	2025 Annual	2025 Monthly	2026 Annual	2026 Monthly
1	\$31,300	\$2,609	\$31,920	\$2,660
2	\$42,300	\$3,525	\$43,280	\$3,607

LONG TERM SERVICES AND SUPPORTS (LTSS) REFERENCE

	AMOUNT	EFFECTIVE DATE
300% SSI Limit	\$994	1/1/2026
Personal Needs Allowance (Nursing Facility)	\$40	no change
Personal Maintenance Allowance (165% SSI)	\$1,641	1/1/2026
Medicare Part A (Paid Medicare Taxes 40+ Quarters)	\$0	no change
Medicare Part A (Paid Medicare Taxes 30-39 Quarters)	\$311	1/1/26
Medicare Part A (Paid Medicare Taxes <30 Quarters)	\$565	1/1/26
Medicare Part B	\$202.90 (may vary, check SOLQ)	1/1/26
NBD Child Allocation & NABD Deeming Standard	\$497	1/1/26
CBC Special Earnings Allowance 300% SSI	\$994	1/1/26
Spousal Resource Standard	\$32,532	1/1/26
Max Spousal Resource Standard	\$162,660	1/1/26
Max Monthly Maintenance Needs Allowance	\$4,066.50	1/1/26
Minimum Monthly Maintenance Needs Allowance (MMMNA)	\$2705	7/1/26
Excess Shelter Standard	\$811.50	7/1/26
Excess Home Equity	\$752,000	1/1/26
Utility Standard Deduction (SNAP)	\$375 (1-3 HH Members)	10/1/25
Utility Standard Deduction (SNAP)	\$476 (4 or More HH Members)	10/1/25

Last Section Revision Date: July 2026

NOTE: The information in this section are associated with Chapter M14 – Long Term Care (LTC) of the Medical Assistance Eligibility Manual.

The Medicaid covered group determines which income limit to use to determine eligibility.