Iowa Department of Human Services

Desk Aid

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS							
Food Assistance	$3,250 if one or more age 60 or older or disabled $2,250 all other households	Household Size							
			1	2	3	4	5	6	7
		Gross	$ 1,287	$ 1,736	$ 2,184	$ 2,633	$ 3,081	$ 3,530	$ 3,980
		Net	$ 990	$ 1,335	$ 1,680	$ 2,025	$ 2,370	$ 2,715	$ 3,061
		Max Allotment	$ 194	$ 357	$ 511	$ 649	$ 771	$ 925	$ 1,022
Expanded FA Cat Elig	None	Household Size							
		1	2	3	4	5	6	7	
		$ 1,584	$ 2,136	$ 2,688	$ 3,240	$ 3,792	$ 4,344	$ 4,898	
FIP	$2,000 per applicant household $5,000 per recipient household	Household Size							
			1	2	3	4	5	6	7
		Test 1	$ 675.25	$1,330.15	$1,570.65	$1,824.10	$2,020.20	$2,249.60	$2,469.75
		Test 2	$ 365	$ 719	$ 849	$ 986	$ 1,092	$ 1,216	$ 1,335
		Test 3	$ 183	$ 361	$ 426	$ 495	$ 548	$ 610	$ 670
Medically Needy Medicaid *	$10,000 per household	Medically Needy Income Level (MNIL) by Household Size							
		1	2	3	4	5	6	7	
		$ 483	$ 483	$ 566	$ 666	$ 733	$ 816	$ 891	

100% Poverty Level	1	2	3	4	5	6	7
	$ 990	$ 1,335	$ 1,680	$ 2,025	$ 2,370	$ 2,715	$ 3,061
	For each additional household member add $347						

300% Poverty Level Medicaid for Kids with Special Needs (MKSN)	1	2	3	4	5	6	7
	$ 2,970	$ 4,005	$ 5,040	$ 6,075	$ 7,110	$ 8,145	$ 9,183
	For each additional household member add $1,040.						

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS
SSI-Related Medicaid *	$2,000 for one person $3,000 for a couple	Household Size (couple in own home): 1 — $ 733; 2 — $ 1,100
QMB * (A Medicare Savings Program)	$7,280 for one person $10,930 for a couple	Effective 3/1/16 — Poverty Level 100%; Household Size: Individual $ 990; Couple $ 1,335
SLMB * (A Medicare Savings Program)	$7,280 for one person $10,930 for a couple	Poverty Level: Effective 3/1/16 Over 100% but less than 120% Household Size: Individual; Couple Income Over: Individual $ 990; Couple $ 1,335 But Less Than: Individual $ 1,188; Couple $ 1,602
Expanded SLMB * (QI-1) (A Medicare Savings Program)	$7,280 for one person $10,930 for a couple	Poverty Level: Effective 3/1/16 120% but less than 135% Household Size: Individual; Couple Income: Individual $ 1,188; Couple $ 1,602 But Less Than: Individual $ 1,337; Couple $ 1,803
QDWP Medicaid * (A Medicare Savings Program)	$4,000 for one person $6,000 for a couple	Effective 3/1/16 — Poverty Level 200%; Household Size: Individual $ 1,980; Couple $ 2,670
MEPD Medicaid for Employed People with Disabilities	$12,000 for one person $13,000 for a couple	Net countable income is less than 250% FPL Eff. 3/1/16

MEPD Income Limit Household Size

1	2	3	4	5	6	7	8
$ 2,475	$ 3,338	$ 4,200	$ 5,063	$ 5,925	$ 6,788	$ 7,653	$ 8,519

* Note: Compare net countable income to the income limits.

Monthly Medicare Part B Premium
(Effective 1-1-2015)
$104.90

MEPD Premiums Effective August 1, 2016

If the gross monthly income of the person getting MEPD is:	FPL	Premium Amount
$ 1,485 or less	At or below 150%	**$ 0**
Above: $ 1,485	**Above:** 150%	$ 33
1,634	165%	46
1,782	180%	55
1,980	200%	64
2,228	225%	76
2,475	250%	88
2,970	300%	110
3,465	350%	135
3,960	400%	158
4,455	450%	183
5,445	550%	228
6,435	650%	276
7,425	750%	324
8,415	850%	383
9,900	1000%	460
11,385	1150%	539
12,870	1300%	622
14,652	1480%	718
15,147	1530%	735
$ 15,741 and above	1590%	767