

APPENDIX A.2 FAMILY MEDICAID 2014 (effective 04/01/2014)

2014 INCOME LIMITS

Percentage of the Federal Poverty Level (FPL)

Family Size	Parent/ Caretaker with Children	Plus 5%	247% PeachCare for Kids®	Plus 5%	220% PGW Newborn	Plus 5%	205% Child 0-1 TMA	Plus 5%	200% WHM P4HB	Plus 5%	149% Child 1-5	Plus 5%	133% Child 6-19	Plus 5%	FAMILY MEDICAID MNIL
1	\$310	358	2404	2453	2141	2190	1995	2044	1946	1995	1450	1499	1295	1344	208
2	457	522	3239	3305	2885	2951	2688	2754	2622	2688	1954	2020	1744	1810	317
3	551	633	4076	4159	3631	3714	3383	3466	3300	3383	2459	2542	2195	2278	375
4	653	752	4911	5011	4374	4474	4076	4176	3976	4076	2963	3063	2645	2745	442
5	752	867	5746	5863	5118	5235	4769	4886	4652	4769	3466	3583	3094	3211	508
6	826	958	6583	6717	5864	5998	5464	5598	5330	5464	3971	4105	3545	3679	550
7	903	1052	7418	7569	6607	6758	6157	6308	6006	6157	4475	4626	3994	4145	600
8	970	1136	8253	8421	7351	7519	6850	7018	6682	6850	4979	5147	4444	4612	633
9	1034	1216	9091	9275	8097	8281	7545	7729	7360	7544	5485	5669	4895	5079	667
10	1113	1312	9929	10130	8843	9044	8240	8441	8038	8239	5991	6192	5346	5547	708
11	1194	1410	10767	10985	9589	9807	8935	9153	8716	8934	6497	6715	5797	6015	758
12	1244	1477	11605	11840	10335	10570	9630	9865	9394	9629	7221	7456	6248	6483	808
13	1294	1543	12443	12695	11081	11333	10325	10577	10072	10324	7962	8214	6699	6951	858
14	1344	1610	13281	13550	11827	12096	11020	11289	10750	11019	8720	8989	7150	7419	908
15	1394	1677	14119	14405	12573	12859	11715	12001	11428	11714	9495	9781	7601	7887	958
16	1444	1744	14957	15260	13319	13622	12410	12713	12106	12409	10287	10590	8052	8355	1008
17	1494	1810	15795	16115	14065	14385	13105	13425	12784	13104	11096	11416	8503	8823	1058
18	1544	1877	16633	16970	14811	15148	13800	14137	13462	13799	11922	12259	8954	9291	1108
For each additional member, add:			\$838		\$746		\$695		\$678		\$506		\$451		(+) PER ADDITIONAL BG MEMBER 50

NOTE: A Budget Group of One does not exist for Parent/Caretaker with Child(ren) Medicaid or Pregnant Woman Medicaid.

2014 RESOURCE LIMITS

FAMILY MEDICAID MEDICALLY NEEDY (FM-MN) RESOURCE LIMIT											
NUMBER OF INDIVIDUALS IN FM-MN BG											
1	2	3	4	5	6	7	8	9	10	11	12
\$ 2000	4000	4100	4200	4300	4400	4500	4600	4700	4800	4900	5000

FM-MN ALLOWABLE MILEAGE REIMBURSEMENT 56 CENTS PER MILE

(04/01/14)