TABLE VII - Income Limits for Medical Assistance and Medicare Cost-Sharing Programs

Effective Date: April 1, 2005

HH SIZE	**MEDICAID** **Gross Income Tests** for 1931 Family Medicaid (FM-O) No Spenddown Allowed	**MEDICAID** **CM,FM,PG, RM** BMS Level Net test 1931 (FM-O) Spenddown Allowed Except for 1931	**MEDICAID NB+ AM, BM, DM** 100% OF POVERTY LEVEL Spenddown Allowed for AM, BM, DM Only	**MEDICAID** **PN, NB** 133% OF POVERTY LEVEL No Spenddown Allowed	**MEDICAID** **TR, FM-O-O** 185% OF POVERTY LEVEL No Spenddown Allowed	**CHIP PLAN A & PCN** 150% OF POVERTY LEVEL No Spenddown Allowed	**CHIP PLAN B** 200% OF POVERTY LEVEL No Spenddown Allowed	**MEDICAID WORK INCENTIVE** 250% OF POVERTY LEVEL No Spenddown Allowed	**MEDICARE COST-SHARING QMB** 100% OF POVERTY LEVEL No Spenddown Allowed	**MEDICARE COST-SHARING SLMB** 120% OF POVERTY LEVEL No Spenddown Allowed	**MEDICARE COST-SHARING QI-1** 135% OF POVERTY LEVEL No Spenddown Allowed
1	623	382	798	1061	1476	1197	1595	1994	798	957	1077
2	866	468	1070	1422	1978	1604	2139	2673	1070	1283	1444
3	1079	583	1341	1784	2481	2012	2682	3353			
4	1262	682	1613	2145	2984	2419	3225	4032			
5	1437	777	1885	2506	3486	2827	3769	4711			
6	1584	857	2136	2868	3989	3234	4312	5390			
7	1658	897	2428	3229	4491	3642	4855	6069			
8	1735	938	2700	3590	4994	4049	5399	6748			
9	1817	982	2971	3952	5497	4457	5942	7428			
10	1893	1023	3243	4313	5999	4864	6485	8107			

PMV (Presumed Maximum Value):

Single: $213.00
Couple: $309.66

NH Personal Needs Allowance: $45.00

Medicare Part B: $78.20 per month

1619B Income Limit: $2194/mo.

SOCIAL SECURITY/SUPPLEMENTAL SECURITY INCOME (SSI) Information

Full SSI for Single living alone: $579.00 (No State Suppl)
Full SSI for Couple living alone: $869.00 (+$4.60 State Suppl)
SSI for Single receiving In-Kind Support: $386.00 (+$3.13 State Suppl)
SSI for Couple receiving In-kind Support: $579.34 (+$9.73 State Suppl)