

MEDICAL ASSISTANCE STANDARDS*

FAMILY SIZE	Financial Asst. Std.	Medical Asst. Std.	SSI Std.	100% FPL	120% FPL	135% FPL	185% FPL	200% FPL	250% FPL	300% FPL
1	\$450	\$469	\$698	\$1072	\$1286	\$1447	\$1983	\$2144	\$2680	\$3216
2	607	632	1048	1451	1741	1958	2684	2902	3627	4353
3	763	795	1398	1830	2196	2470	3385	3660	4575	5490
4	919	958	1748	2210	2652	2983	4088	4420	5525	6630
5	1076	1121	2098	2589	3106	3495	4789	5178	6472	7767
6	1232	1284	2448	2968	3561	4006	5490	5936	7420	8904
7	1389	1447	2798	3347	4016	4518	6191	6694	8367	10041
8	1545	1610	3148	3726	4471	5030	6893	7452	9315	11178
9	1701	1772	3498	4105	4926	5541	7594	8210	10262	12315
10	1858	1935	3848	4485	5382	6054	8297	8970	11212	13455
Add'l HH member	157	163	350	379	454	511	701	758	947	1137

PROGRAMS:	Fee-For Service and QExA (Aged, Blind or Disabled)	QUEST, QUEST-Net, QUEST-ACE	Medicare Savings Programs, BHH
Medical Asst. Std.	Medically Needy**	N/A	N/A
SSI Standard	Mandatory Categorically Needy	N/A	N/A
FPL Standards*			
100%	Optional Categorically Needy	Adults	BHH/QMB
120%	N/A	N/A	SLMB
135%	N/A	N/A	QI-1
185%	N/A	Pregnant Women	N/A
200%	N/A	Children < Age 19, Adults in QUEST ACE	QDWI
250%	Individuals with Breast or Cervical Cancer(HBCCTP)	N/A	N/A
300%	QUEST-Net (for children)	QUEST-Net; QUEST-Spenddown***; Transitional Medical Assistance	N/A

* Income Standards are based on monthly countable income **Federal Poverty Level *** Medical bills must exceed the family's excess income to be eligible.

ASSET LIMITS:

\$2,000 for one; \$3,000 for two; \$250 for each additional person: Aged, Blind or Disabled; QUEST; QUEST-ACE; QUEST-Spenddown, BHH

\$4,000 for one; \$6,000 for two; \$500 for each additional person: QDWI

\$6,940 for one; \$10,410 for two; \$500 for each additional person: QMB, SLMB, QI-1

\$5,000 for one; \$7,000 for two; \$500 for each additional person: QUEST-Net

No Limits: All pregnant women for the duration of their pregnancy, all children under age 19(eff. 07/00), individuals in HBCCTP

PREMIUM SHARE:

QUEST-Net Individuals 19 and older with income greater than 200% FPL = a month

This insert should only be used as a guide. Contact the nearest Med-QUEST eligibility office for assistance.