

2019 Income Limits: Medicaid and the Marketplace

MONTHLY AMOUNTS																		Marketplace 2020 coverage year uses 2019 FPL rate	
Non-MAGI Federal Poverty Level (FPL) Rates and Medicaid MAGI Equivalent Rates update at beginning of calendar year.																		ANNUAL AMOUNTS	
NON-MAGI Benefit Programs									MAGI (Modified Adjusted Gross Income) Programs										
# in unit	AABD QMB 100% FPL	SLIB Over 100% to less than 120%	QI-1 120% to less than 135% FPL	SNAP 165% FPL	SNAP QM* 200% FPL	TANF Pmt Levels Eff. 10/1/19		HBWD	Family Care / ACA Adults	All Kids Assist	All Kids Share	All Kids Level 1 Over 157%, not over 209%	All Kids Level 2 Over 209%, not over 318%	Moms & Babies	Family Health Spenddown	CSR	APTC		
				Rates update October 1 each year		Adult Child	Child Only		ADULTS	CHILDREN	CHILDREN	CHILDREN	CHILDREN	INCLUDE UNBORN CHILD (REN)	CHILDREN AND PREGNANT WOMEN ONLY	Cost Sharing Reduction	Premium Tax Credits		
																250% FPL	400% FPL		
1	\$1,041	\$1,248	\$1,404	\$1,718	\$2,082	312	234	\$3,643	\$1,436	\$1,530	\$1,634	\$2,175	\$3,310	-----	\$283	\$31,225	\$49,960		
2	1,409	1,690	1,901	2,326	2,818	423	317	4,932	1,945	2,071	2,212	2,945	4,481	\$3,002	375	\$42,275	\$67,640		
3	1,778	2,132	2,399	2,933	3,555	533	400	6,221	2,453	2,613	2,791	3,715	5,652	3,786	508	\$53,325	\$85,320		
4	2,146	2,574	2,896	3,541	4,292	644	483	7,510	2,961	3,154	3,369	4,485	6,824	4,571	558	\$64,375	\$103,000		
5	2,514	3,016	3,393	4,149	5,028	754	566	8,880	3,470	3,696	3,947	5,255	7,995	5,355	650	\$75,425	\$120,680		
6	2,883	3,458	3,890	4,757	5,765	865	649	10,089	3,978	4,237	4,526	6,024	9,166	6,140	733	\$86,475	\$138,360		
Each add'l.	+368	+442	+497	+ \$608	+ \$368			+ \$1,289	+508	+541	+578	+770	+1,171	+785	\$67	\$4,420	\$4,420		
Resource Limit	\$2,000 (1) \$3,000 (2)	\$7,730 (1) \$11,600 (2 or more)		\$2,250	\$3,500	n/a		25,000	Resources are not a factor for MAGI Budgeted Programs. If needing nursing home care, however, the person will need to provide information about resources. For more information about MAGI Budgeting: PM 08-03-00 - http://www.dhs.state.il.us/page.aspx?item=15475 MR 15.19 - http://www.dhs.state.il.us/page.aspx?item=74663 MR 16.10 - http://www.dhs.state.il.us/page.aspx?item=84511							Resources are not a factor			

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Premium and Annual Copayment Maximum for Fee for Service (FFS) Medicaid																	
NOTE: If enrolled in Managed Care the plan sets the co-pay rates . Some plans do not require co-pays. Consumers should always contact the plan they selected to obtain coverage details.																	
Premium	NA			NA				HBWD premiums Indexed to income	\$0	\$0	\$0	-1 child \$15 -2 child \$25 -Each add'l child: \$5 -\$40 for 5 or more children	\$40 per child \$80 for 2 or more children	\$0			Varies based on plan selected
Copays Max FFS Medicaid	\$0							\$0	\$0	\$0	\$3.90 OV \$100 annual per family	\$5.00 (OV) \$100 annual per family	\$10 OV \$500 annual per child	\$0			Varies based on plan selected
Compiled by the DuPage Federation on Human Services Reform, Revised October 01, 2019																	

References:

Illinois Department of Human Services:

- [WAG 25-03-02 - http://www.dhs.state.il.us/page.aspx?item=4107](http://www.dhs.state.il.us/page.aspx?item=4107)
- Manual Release #19.12 - <http://www.dhs.state.il.us/page.aspx?item=118534>
- Manual Release #19.04 - <http://www.dhs.state.il.us/page.aspx?item=116657>

Illinois Department of Healthcare and Family Services

- [Provider Bulletin Chapter 100 19-01 - https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190823a.aspx](https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190823a.aspx)

