2021-2022 Income Limits: Medicaid, Marketplace, SNAP

MONTHLY AMOUNTS

Non-MAGI Federal Poverty Level (FPL) Rates and Medicaid MAGI Equivalent Rates update at beginning of calendar year.

Marketplace

2022 coverage year uses 2021 FPL rate

															ANNUAL AMOUNTS			
	NON-MAGI Benefit Programs									MAGI (Modified Adjusted Gross Income) Programs								
# in unit	AABD (incl. new Immigrants 65+	ncl. new nmigrants SLIB	QI-1	SNAP	SNAP QM* 200% FPL	Pmt I	NF Levels 0/1/19		Family Care / ACA Adults ADULTS	All Kids Assist CHILDREN		157%, not over 209%	Level 2 Over 209%, not over	INCLUDE UNBORN CHILD	Family Health Spenddown CHILDREN AND PREGNANT WOMEN ONLY	CSR Cost Sharing	APTC Premium Tax Credits	
	program) QMB 100% FPL	Over 100% to less than 120%	120% to less than 135% FPL	Octo	update ber 1 year	Adult + Child	Child Only									Reduction 250% FPL	400% FPL	
1	\$1,073	\$1,286	\$1,448	\$1,771	\$2,147	322	242	\$3,757	\$1,481	\$1,578	\$1,685	\$2,243	\$3,413		\$283	\$32,200	\$51,520	
2	1,452	1,740	1,959	2,396	2,903	435	326	5,081	2,003	2,134	2,279	3,034	4,616	\$3,092	375	\$43,550	\$69,680	
3	1,830	NA	NA	3,020	3,660	549	412	6,405	2,525	2,690	2,873	3,825	5,819	3,898	508	\$54,900	\$87,840	
4	2,208	NA	NA	3,644	4,417	662	497	7,729	3,048	3,246	3,467	4,615	7,023	4,704	558	\$66,250	\$106,000	
5	2,587	NA	NA	4,268	5,173	776	582	9,053	3,570	3,802	4,061	5,406	8,226	5,510	650	\$77,600	\$124,160	
6	2,965	NA	NA	4,893	5,930	890	668	10,378	4,092	4,359	4,655	6,197	9,429	6,316	733	\$88,950	\$142,320	
Each add'l.	+378	NA	NA	+ \$625	+ \$757			+ \$1,323	+521	+555	+593	+790	+1,202	+805	\$67	+\$4,540	+\$4,450	
Resource Limit	\$2,000 (1) \$3,000 (2)			\$2,250 \$3,500 Resources count for SNAP if a person has a		n/a		25,000		rces are no g nursing h provid	Resources are not a factor							
										For more								
				program does not with				<u>ht</u>	tp://www									
				requirements, or a QM and gross income exceeds 200% FPL					MR 15.1	L9 - <u>http://</u>	m=74663							
								MR 16.1	LO - <u>http://</u>									

		2021-2022 Income Limits: Medicaid, Marketplace, SNAP MONTHLY AMOUNTS Non-MAGI Federal Poverty Level (FPL) Rates and Medicaid MAGI Equivalent Rates update at beginning of calendar year. Marketplace 2022 coverage year uses 2021 FPL rate															
	No															2022 coverage year	
	NON-MAGI Benefit Programs MAGI (Modified Adjusted Gr												Gross Inc	ANNUAL AMO			
# in unit	AABD (incl. new Immigrants 65+ program) QMB	SLIB Over 100% to less than 120%	120% to less than	Octo	SNAP QM* 200% FPL update ber 1 year	Pmt I Eff. 10	evels 0/1/19 Child Only	HBWD	Family Care / ACA Adults	All Kids Assist CHILDREN	All Kids Share	All Kids Level 1 Over 157%, not over 209%	All Kids Level 2 Over 209%,	Moms & Babies	Family Health Spenddown CHILDREN AND PREGNANT WOMEN ONLY	CSR Cost Sharing Reduction 250% FPL	APTC Premium Tax Credits 400% FPL
			Premium and Annual Copaymentsv - Medicaid														
Premium	NA				NA			HBWD premiums Indexed to income	\$0	\$0	\$0	\$0	\$0	\$0		Varies based on plan selected	
Copays Max FFS Medicaid	\$0							\$0	\$0	\$0	\$0	\$0	\$0	\$0			sed on plan ected
						Comp	iled by th	ne DuPage Fe	ederation on	Human Servic	es Reform <u>,</u> Re	evised Marc	h 22, 2021				

References:

Illinois Department of Human Services:

- WAG 25-03-02 https://www.dhs.state.il.us/page.aspx?item=12667
- Manual Release #21.09: 2021 Revised Medical Program Standards https://www.dhs.state.il.us/page.aspx?item=124677
- New Health Benefit Coverage for Immigrant Seniors https://www.dhs.state.il.us/page.aspx?item=130020

Illinois Department of Healthcare and Family Services

- IL HFS Coronavirus (COVID19) Updates https://www.illinois.gov/hfs/Pages/coronavirus.aspx
- Provider Bulletin Chapter 100 19-01 https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190823a.aspx
- Coverage for Immigrant Seniors https://www.illinois.gov/hfs/Pages/CoverageForImmigrantSeniors.aspx