

APPENDIX A.2 FAMILY MEDICAID 2023 (effective 07/01/2023)

**2023 INCOME LIMITS
Percentage of the Federal Poverty Level (FPL)**

Family Size	Parent/ Caretaker with Children	Plus 5%	247% PCK	Plus 5%	205% Child 0-1 TMA	Plus 5%	211% P4HB	Plus 5%	149% Child 1- 5	Plus 5%	133% Child 6-19	Plus 5%	95% Pathways	Plus 5% Pathways
1	\$310	371	3002	3063	2491	2552	2564	2625	1811	1872	1616	1677	1155	1215
2	457	540	4060	4143	3369	3452	3468	3551	2449	2532	2186	2269	1562	1644
3	551	655	5118	5222	4247	4351	4372	4476	3087	3191	2756	2860	1969	2072
4	653	778	6175	6300	5125	5250	5275	5400	3725	3850	3325	3450	2375	2500
5	752	899	7233	7380	6004	6151	6179	6326	4364	4511	3895	4042	2782	2929
6	826	994	8291	8459	6882	7050	7083	7251	5002	5170	4465	4633	3189	3357
7	903	1093	9349	9539	7760	7950	7987	8177	5640	5830	5035	5225	3596	3785
8	970	1181	10407	10618	8638	8849	8891	9102	6278	6489	5604	5815	4003	4214
9	1034	1267	11465	11698	9516	9749	9794	10027	6917	7150	6174	6407	4410	4642
10	1113	1367	12523	12777	10394	10648	10698	10952	7555	7809	6744	6998	4817	5070
11	1194	1469	13581	13856	11271	11546	11601	11876	8193	8468	7313	7588	5224	5498
12	1244	1541	14639	14936	12150	12447	12506	12803	8831	9128	7883	8180	5631	5927
For each additional member, add:	\$150		\$1058		\$879		\$904		\$639		\$570		\$407	

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

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Family Size	220% PGW Newborn	Plus 5%	200% WHM	235% ELE/CU19	FAMILY MEDICAID MNIL
1	2673	2734	2430	2856	208
2	3616	3699	3287	3862	317
3	4558	4662	4144	4869	375
4	5500	5625	5000	5875	442
5	6443	6590	5857	6882	508
6	7385	7553	6714	7889	550
7	8327	8517	7570	8895	600
8	9270	9481	8427	9902	633
9	10212	10445	9284	10908	667
10	11154	11408	10140	11915	708
11	12096	12371	10996	12921	758
12	13039	13336	11854	13928	808
For each additional member, add:	\$943		\$857	\$1007	(+) 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.

*Regarding Express Lane Eligibility, if child is in an active SNAP or TANF case and they are over the 235%, but under 247% FPL (PCK Limits), the child ELE PCK.

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2023 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
65.5 CENTS PER MILE EFFECTIVE 01/01/2023