


Appendix A2 Family Medicaid Financial Limits 2024

	Georgia Division of Family and Children Services Medicaid Policy Manual			
	Policy Title:	Family Medicaid Financial Limits 2024 (effective 03/01/2024)		
	Effective Date:	07/01/2024		
	Chapter:	Appendix A2	Policy Number:	Appendix A2
	Previous Policy Number(s):	70	Updated or Reviewed in MT:	MT-72

2024 Income Limits

Percentage of the Federal Poverty Level (FPL)



Fam-ily Size	Par-ent / Care-taker with Chil-dren	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% Path-ways	Plus 5% Path-ways
1	310	373	3100	3163	2573	2636	2649	2712	1870	1933	1670	1733	1193	1256
2	457	543	4208	4294	3492	3578	3595	3681	2538	2624	2266	2352	1619	1705
3	551	659	5315	5423	4411	4519	4541	4649	3206	3314	2862	2970	2045	2153
4	653	783	6422	6552	5330	5460	5486	5616	3874	4004	3458	3588	2470	2600
5	752	905	7530	7683	6250	6403	6432	6585	4543	4696	4055	4208	2896	3049
6	826	1001	8637	8812	7169	7344	7378	7553	5211	5386	4651	4826	3322	3497
7	903	1101	9745	9943	8088	8286	8324	8522	5879	6077	5247	5445	3748	3946
8	970	1190	10852	11072	9007	9227	9270	9490	6547	6767	5844	6064	4174	4394
9	1034	1277	11959	12202	9926	10169	10216	10459	7215	7458	6440	6683	4600	4843
10	1113	1378	13067	13332	10845	11110	11162	11427	7883	8148	7036	7301	5026	5291
11	1194	1481	14174	14461	11764	12051	12108	12395	8551	8838	7632	7919	5452	5739
12	1244	1554	15282	15592	12683	12993	13054	13364	9219	9529	8229	8539	5878	6188
For each additional member, add:	\$150	\$173	\$1108	\$1131	\$920	\$943	\$946	\$969	\$669	\$692	\$597	\$620	\$426	\$449



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

Percentage of the Federal Poverty Level (FPL) (continued)

Family Size	220% PGW New-born	Plus 5%	200% WHM	235% ELE/CU19	FAMILY MEDICAID MNIL
1	2761	2824	2510	2950	208
2	3748	3834	3407	4003	317
3	4734	4842	4304	5057	375
4	5720	5850	5200	6110	442
5	6707	6860	6097	6174	508
6	7693	7868	6994	8218	550
7	8679	8877	7890	9271	600
8	9666	9886	8787	10325	633
9	10652	10895	9684	11378	667
10	11638	11903	10580	12432	708
11	12625	12912	11477	13486	758
12	13611	13921	12374	14539	808
For each additional member, add:	987	1010	897	1054	(+) PER ADDITIONAL BG MEMBER 50

-  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.

2024 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

67.0 CENTS PER MILE EFFECTIVE 01/01/2024