



HEALTH CARE COUNTABLE INCOME COMPARISON CHART *(After Deductions)*

(Effective 4-1-2012 through 3-31-2013)

Number of Persons	MAINTENANCE NEED LEVEL 19 and up, also to calculate Medi-Cal Share of Cost	1931(b) APPLICANTS MEDI-CAL Parents & children to age 18*	1931(b) RECIPIENTS MEDI-CAL Parents & children to age 18*	100% FPL MEDI-CAL Children age 6 to age 19	133% FPL MEDI-CAL Children age 1 thru 5, Healthy Way LA	TRANSITIONAL MEDI-CAL 185% FPL	200% FPL MEDI-CAL Pregnant women, infants -1 year Impact Program	250% FPL Healthy Families (except for AIM babies), Working Disabled Medi-Cal	300% FPL KP Child Health Plan, Healthy Kids, AIM, &AM babies in Healthy Families
1	\$ 600	\$ 931	\$ 398	\$ 931	\$1239	\$1723	\$1862	\$2328	\$2793
2**	\$ 750*	\$1261	\$ 653	\$1261	\$1677	\$2333	\$2522	\$3153	\$3783
3	\$ 934	\$1591	\$ 808	\$1591	\$2116	\$2944	\$3182	\$3978	\$4773
4	\$1100	\$1921	\$ 961	\$1921	\$2555	\$3554	\$3842	\$4803	\$5763
5	\$1259	\$2251	\$1,094	\$2251	\$2994	\$4165	\$4502	\$5628	\$6753
6	\$1417	\$2581	\$1,229	\$2581	\$3433	\$4775	\$5162	\$6453	\$7743
**Count pregnant woman as 2	* Pregnant woman, adult & child:\$750. 2 adults: \$934	*To age 19 if still in high school	*To age 19 if still in high school						
Each additional person, add	\$ 14	\$ 330		\$ 330	\$ 439	\$ 611	\$ 660	\$ 825	\$ 990

Program Name	Income Limits and Costs
MAINTENANCE NEED LEVEL (MNL)	Medi-Cal allows families a portion of their income for living expenses, called the Maintenance Need Level or MNL. Once other eligibility requirements are met, family size and income determines whether family members can get Medi-Cal at no cost or with a Share-of-Cost (SOC). The MNL determines how much the SOC will be.
1931(b) MEDI-CAL	The income eligibility numbers are lower due to significant income deductions for "recipients". There is no Share-of-Cost with 1931(b). Families may be eligible under the 1931(b) figures or the 100% FPL figures.
HEALTHY FAMILIES	Maximum income allowed is 250% of the Federal Poverty Level (FPL), and families are allowed to claim the same deductions the Medi-Cal program allows. Infants (below one year) are eligible if the family income is 200-250% FPL. AIM infants under 2 are eligible up to 300% FPL.
MINOR CONSENT	Minors can receive limited scope Medi-Cal under this program for pregnancy, STD care, family planning, sexual assault or mental health services. There are no income or immigration restrictions for this program.
AGED & DISABLED	People who are 65 and over, or meet the Social Security definition of disabled can qualify for this program if their countable income (income after allowed deductions) is less than \$1,161 for an individual or \$1,571 for a married couple (if both apply). All SSI recipients qualify for Medi-Cal.
BREAST & CERVICAL CANCER	Men or women who are diagnosed with breast cancer or women diagnosed with cervical cancer can qualify for this Medi-Cal program if their income is below 200% FPL.
FOSTER CARE & ADOPTION	Children who receive federal adoption assistance or foster care maintenance payments must be covered by Medi-Cal. Children leaving the state foster care program at age 18 may retain full scope Medi-Cal benefits regardless of income until they are 21.
TUBERCULOSIS	Countable income must be below \$1,433 per month, if married, count only the applicant's income. Limited to outpatient TB related services.

* FPL (FEDERAL POVERTY LEVEL) IS THE AMOUNT OF INCOME THE FEDERAL GOVERNMENT SAYS A FAMILY REQUIRES TO MEET ITS BASIC NEEDS. ALSO KNOWN AS FEDERAL INCOME GUIDELINE (FIG).