

Medical Assistance Desk Aid

Type of Coverage	MAGI Children, Parents, and Caretakers	Iowa Health and Wellness Plan 0-100% Age 19-64	Iowa Health and wellness Plan 101-133% Age 19-64	MAGI Children Age 1-18	Pregnant Women	Infants Under Age 1	Hawki Under Age 19
Household/ Family Size		100%	133%	167%	215%	300%	302%
1	447	1,305	1,735	2,178	2,804	3,913	3,939
2	716	1,763	2,345	2,944	3,790	5,288	5,323
3	872	2,221	2,954	3,709	4,775	6,663	6,707
4	1,033	2,680	3,564	4,475	5,761	8,038	8,092
5	1,177	3,138	4,173	5,240	6,746	9,413	9,476
6	1,330	3,596	4,783	6,006	7,732	10,788	10,860
7	1,481	4,055	5,393	6,771	8,717	12,163	12,244
8	1,633	4,513	6,002	7,536	9,702	13,538	13,628
9	1,784	4,971	6,612	8,302	10,688	14,913	15,012
10	1,950	5,430	7,221	9,067	11,673	16,288	16,397
11	2,128	5,888	7,831	9,833	12,659	17,663	17,781
12	2,306	6,346	8,440	10,598	13,644	19,038	19,165
13	2,484	6,805	9,050	11,363	14,629	20,413	20,549
14	2,662	7,263	9,660	12,129	15,615	21,788	21,933

Coverage Group	Resource Limit	Monthly Income Limits						
SSI-Related Medicaid *	\$2,000 for one person \$3,000 for a couple	Household Size (couple in own home)						
		1		2				
		\$ 994		\$ 1,491				
QMB * (A Medicare Savings Program)	\$9,950 for one person \$14,910 for a couple	Effective 4/1/25	Poverty Level	Household Size				
			Level	Individual	Couple			
			100%	\$1,305	\$1,763			
SLMB * (A Medicare Savings Program)	\$9,950 for one person \$14,910 for a couple	Poverty Level	Household Size	Income Over	But Less Than			
		Effective 4/1/25 Over 100% but less than 120%	Individual	\$1,305	\$1,565			
			Couple	\$1,763	\$2,115			
		Expanded SLMB * (QI-1) (A Medicare Savings Program)	\$9,950 for one person \$14,910 for a couple	Poverty Level	Household Size	Income	But Less Than	
Effective 4/1/25 120% but less than 135%	Individual			\$1565	\$1,761			
	Couple			\$2115	\$2,380			
QDWP Medicaid * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple			Effective 4/1/25	Poverty Level	Household Size		
		Level	Individual		Couple			
		200%	\$2,609		\$3,525			
Medically Needy Medicaid *	\$10,000 per household	Medically Needy Income Level (MNIL) by Household Size						
		1	2	3	4	5	6	7
		\$ 483	\$ 483	\$ 566	\$ 666	\$ 733	\$ 816	\$ 891

* Note: Compare net countable income to the income limits.

MEPD Premium Amounts Effective August 1, 2024

If the gross monthly income of the person getting MEPD is:	FPL	Premium Amount
\$1,883 or less	At or below 150%	\$ 0
Above: \$1,883	Above: 150%	\$ 41
\$2,071	165%	57
\$2,259	180%	68
\$2,510	200%	79
\$2,824	225%	93
\$3,138	250%	108
\$3,765	300%	136
\$4,393	350%	165
\$5,020	400%	194
\$5,648	450%	224
\$6,903	550%	280
\$8,158	650%	338
\$9,413	750%	397
\$10,668	850%	469
\$12,550	1000%	563
\$14,433	1150%	660
\$16,315	1300%	760
\$18,574 and above	1480%	879

Coverage Group		MEPD Medicaid for Employed People with Disabilities	Medicaid for Kids with Special Needs (MKSND)
Resource Limit		\$12,000 for one person \$24,000 for a couple	None
Household/ Family Size	100%	Net countable income less than 250%	300%
1	1,305	3,261	3,913
2	1,763	4,407	5,288
3	2,221	5,553	6,663
4	2,680	6,698	8,038
5	3,138	7,844	9,413
6	3,596	8,990	10,788
7	4,055	10,136	12,163
8	4,513	11,282	13,538
9	4,971	12,428	14,913
10	5,430	13,573	16,288
11	5,888	14,719	17,663
12	6,346	15,865	19,038
13	6,805	17,011	20,413
14	7,263	18,157	21,788

Monthly Medicare Part B Premium
(Effective 1/1/2025)
\$202.90