

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	1,330	1,769	2,222	2,860	3,990	4,017
2	716	1,804	2,399	3,012	3,878	5,410	5,447
3	872	2,277	3,028	3,803	4,895	6,830	6,876
4	1,033	2,750	3,658	4,593	5,913	8,250	8,305
5	1,177	3,224	4,288	5,383	6,931	9,670	9,735
6	1,330	3,697	4,917	6,174	7,948	11,090	11,164
7	1,481	4,170	5,547	6,964	8,966	12,510	12,594
8	1,633	4,644	6,176	7,755	9,984	13,930	14,023
9	1,784	5,117	6,806	8,545	11,001	15,350	15,453
10	1,950	5,590	7,435	9,336	12,019	16,770	16,882
11	2,128	6,064	8,065	10,126	13,037	18,190	18,312
12	2,306	6,537	8,694	10,917	14,054	19,610	19,741
13	2,484	7,010	9,324	11,707	15,072	21,030	21,171
14	2,662	7,484	9,953	12,498	16,090	22,450	22,600

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	Poverty Level	Household Size					
		Effective 4/1/26	100%	Individual	Couple			
				\$1,330	\$1,804			
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 4/1/26	Individual	\$1,330	\$1,596			
			Couple	\$1,804	\$2,164			
		Over 100% but less than 120%	Individual	\$1,596	\$1,796			
Couple	\$2,164		\$2,435					
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 4/1/26	Individual	\$1,596	\$1,796			
			Couple	\$2,164	\$2,435			
		120% but less than 135%	Individual	\$1,596	\$1,796			
Couple	\$2,164		\$2,435					
QDWP Medicaid * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Poverty Level	Household Size					
		Effective 4/1/26	200%	Individual	Couple			
				\$2,660	\$3,607			
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, 2025

If the gross monthly income of the person getting MEPD is:	FPL	Premium Amount
\$1,957 or less	At or below 150%	\$ 0
Above: \$1,957	Above: 150%	\$ 43
\$2,152	165%	59
\$2,348	180%	70
\$2,609	200%	82
\$2,935	225%	97
\$3,261	250%	113
\$3,913	300%	141
\$4,565	350%	171
\$5,217	400%	202
\$5,869	450%	233
\$7,173	550%	291
\$8,478	650%	351
\$9,782	750%	413
\$11,086	850%	488
\$13,042	1000%	586
\$14,998	1150%	685
\$16,955	1300%	790
\$19,302 and above	1480%	913

Coverage Group		MEPD Medicaid for Employed People with Disabilities	Medicaid for Kids with Special Needs (MKSN)
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	1,330	3,325	3,990
2	1,804	4,509	5,410
3	2,277	5,692	6,830
4	2,750	6,875	8,250
5	3,224	8,059	9,670
6	3,697	9,242	11,090
7	4,170	10,425	12,510
8	4,644	11,609	13,930
9	5,117	12,792	15,350
10	5,590	13,975	16,770
11	6,064	15,159	18,190
12	6,537	16,342	19,610
13	7,010	17,525	21,030
14	7,484	18,709	22,450

<p>Monthly Medicare Part B Premium (Effective 1/1/2026)</p> <p>\$202.90</p>
