

Iowa Department of Health and Human Services
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	MIYA	Hawki Under Age 19	Infants (under 1) and Pregnant Women
Household/ Family Size		100%	133%	167%	254%	302%	375%
1	447	1,255	1,670	2,096	3,188	3,791	4,707
2	716	1,704	2,266	2,845	4,327	5,145	6,388
3	872	2,152	2,862	3,594	5,466	6,499	8,069
4	1,033	2,600	3,458	4,342	6,604	7,852	9,750
5	1,177	3,049	4,055	5,091	7,743	9,206	11,432
6	1,330	3,497	4,651	5,840	8,882	10,560	13,113
7	1,481	3,945	5,247	6,589	10,021	11,914	14,794
8	1,633	4,394	5,844	7,337	11,160	13,268	16,475
9	1,784	4,842	6,440	8,086	12,298	14,622	18,157
10	1,950	5,290	7,036	8,835	13,437	15,976	19,838
11	2,128	5,739	7,632	9,584	14,576	17,330	21,519
12	2,306	6,187	8,229	10,332	15,715	18,684	23,200
13	2,484	6,635	8,825	11,081	16,853	20,038	24,882
14	2,662	7,084	9,421	11,830	17,992	21,392	26,563

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				
		\$ 943		\$ 1,415				
QMB * (A Medicare Savings Program)	\$9,430 for one person \$14,130 for a couple	Effective 4/1/24	Poverty Level	Household Size				
			100%	Individual	Couple			
				\$ 1,255	\$ 1,704			
SLMB * (A Medicare Savings Program)	\$9,430 for one person \$14,130 for a couple	Poverty Level	Household Size	Income Over	But Less Than			
		Effective 4/1/24 Over 100% but less than 120%	Individual	\$ 1,255	\$ 1,506			
			Couple	\$ 1,704	\$ 2,044			
Expanded SLMB * (QI-1) (A Medicare Savings Program)	\$9,430 for one person \$14,130 for a couple	Poverty Level	Household Size	Income	But Less Than			
		Effective 4/1/24 120% but less than 135%	Individual	\$ 1,506	\$1,695			
			Couple	\$ 2,044	\$2,300			
QDWP Medicaid * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Effective 4/1/24	Poverty Level	Household Size				
			200%	Individual	Couple			
				\$ 2,510	\$ 3,407			
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
\$ 1,699 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 (MKSN)
RESOURCE LIMIT		\$12,000 for one person \$13,000 for a couple	None
Household/ Family Size	100%	Net countable income less than 250%	300%
1	1,255	3,138	3,765
2	1,704	4,259	5,110
3	2,152	5,380	6,455
4	2,600	6,500	7,800
5	3,049	7,621	9,145
6	3,497	8,742	10,490
7	3,945	9,863	11,835
8	4,394	10,984	13,180
9	4,842	12,105	14,525
10	5,290	13,225	15,870
11	5,739	14,346	17,215
12	6,187	15,467	18,560
13	6,635	16,588	19,905
14	7,084	17,709	21,250

Monthly Medicare Part B Premium
 (Effective 1/1/2024)
 \$174.70