

2020 MAGI INCOME STANDARDS (Effective: 03/01/2020)

Coverage Group	Parent/Caretaker Relative §17-1717-11 TMA §17-1717.1-12*	Adult §17-1718-11	Child 6<19 §17-1715-11	Child 1<6 §17-1715-11	Child <1 §17-1715-11	Pregnant Woman §17-1716-11	S-CHIP Child <19 §17-1715-11
FPL**	100%	133%	133%	139%	191%	191%	308%
HH 1	\$1,224	\$1,628	\$1,628	\$1,701	\$2,337	\$2,337	\$3,768
2	\$1,653	\$2,198	\$2,198	\$2,297	\$3,157	\$3,157	\$5,090
3	\$2,082	\$2,769	\$2,769	\$2,894	\$3,976	\$3,976	\$6,412
4	\$2,511	\$3,340	\$3,340	\$3,491	\$4,796	\$4,796	\$7,734
5	\$2,940	\$3,911	\$3,911	\$4,087	\$5,616	\$5,616	\$9,056
6	\$3,370	\$4,481	\$4,481	\$4,684	\$6,436	\$6,436	\$10,378
7	\$3,799	\$5,052	\$5,052	\$5,280	\$7,255	\$7,255	\$11,699
8	\$4,228	\$5,623	\$5,623	\$5,877	\$8,075	\$8,075	\$13,021
9	\$4,657	\$6,194	\$6,194	\$6,473	\$8,895	\$8,895	\$14,343
10	\$5,086	\$6,765	\$6,765	\$7,070	\$9,714	\$9,714	\$15,665
Add'l HH Member	\$424	\$571	\$571	\$597	\$820	\$820	\$1,322

* Effective 10/1/16, The Centers for Medicare and Medicaid Services approved Hawaii's quest to extend Transitional Medical Assistance (TMA) for twelve consecutive months due to earned income-related reasons.

**Federal Poverty Level

NOTE: ASSETS ARE EXEMPT FOR INDIVIDUALS SUBJECT TO MAGI METHODOLOGY

2020 MAGI-EXCEPTED INCOME STANDARDS (Effective: 03/01/2020)							
Coverage Group	Medically Needy (MN) (Aged, Blind, Disabled) §17-1719-11	Mandatory Categorically Needy (MCN) (Aged, Blind, Disabled) §17-1719-11	Optional Categorically Needy(OCN) (Aged, Disabled) QMB/BHH §§17-1719-11 17-1722-10 17-1722.3-9	SLMB §17-1722-18	QI-1 §17-1722-70	QDWI §17-1722-26	Medically Needy Spenddown (Pregnant Women/ Children) §17-1730.1-11
HH Size	MNIL*	SSI Income Standard*	100%**	120%**	135%**	200%**	300%**
1	\$469	\$783	\$1,224	\$1,468	\$1,652	\$2,447	\$3,670
2	\$632	\$1,175	\$1,653	\$1,983	\$2,231	\$3,305	\$4,958
3	\$795	\$1,567	\$2,082	\$2,498	\$2,811	\$4,164	\$6,245
4	\$958	\$1,959	\$2,511	\$3,013	\$3,390	\$5,022	\$7,533
5	\$1,121	\$2,351	\$2,940	\$3,528	\$3,969	\$5,880	\$8,820
6	\$1,284	\$2,743	\$3,370	\$4,043	\$4,549	\$6,739	\$10,108
7	\$1,447	\$3,135	\$3,799	\$4,558	\$5,128	\$7,597	\$11,395
8	\$1,610	\$3,527	\$4,228	\$5,073	\$5,708	\$8,455	\$12,683
9	\$1,773	\$3,919	\$4,657	\$5,588	\$6,287	\$9,314	\$13,970
10	\$1,936	\$4,311	\$5,086	\$6,103	\$6,866	\$10,172	\$15,258
Add'l Member	\$163	\$392	\$424	\$515	\$580	\$859	\$1,288

* MNIL, SSI: Applicable income standards for these groups. ** FPL: Federal Poverty Level

2020 MAGI-EXCEPTED ASSET LIMITS			
COVERAGE GROUP	AGED, BLIND OR DISABLED, SPENDDOWN	QDWI	QMB, SLMB, QI-1
HH-1	\$2,000	\$4,000	\$7,860
HH-2	\$3,000	\$6,000	\$11,800
Add'l Individual	\$250	\$500	\$500