2019 MAGI-EXCEPTED INCOME STANDARDS (Effective: 04/01/2019)

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	$771	$1,199	$1,438	$1,618	$2,397	$3,595
2	$632	$1,157	$1,622	$1,946	$2,190	$3,244	$4,865
3	$795	$1,543	$2,045	$2,454	$2,761	$4,090	$6,135
4	$958	$1,929	$2,469	$2,962	$3,333	$4,937	$7,405
5	$1,121	$2,315	$2,892	$3,470	$3,904	$5,784	$8,675
6	$1,284	$2,701	$3,315	$3,978	$4,476	$6,630	$9,945
7	$1,447	$3,087	$3,739	$4,486	$5,047	$7,477	$11,215
8	$1,610	$3,473	$4,162	$4,994	$5,619	$8,324	$12,485
9	$1,773	$3,859	$4,585	$5,502	$6,190	$9,170	$13,755
10	$1,936	$4,245	$5,009	$6,010	$6,762	$10,017	$15,025
Add'l Member	$163	$386	$424	$508	$572	$847	$1270

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

2019 MAGI-EXCEPTED ASSET LIMITS

COVERAGE GROUP	AGED, BLIND OR DISABLED, SPENDDOWN	QDWI	QMB, SLMB, QI-1
HH-1	$2,000	$4,000	$7,730
HH-2	$3,000	$6,000	$11,600
Add'l Individual	$250	$500	$500

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2019 MAGI INCOME STANDARDS (Effective: 04/01/2019)

Coverage Group / Income Standards	Parent/Caretaker Relative §17-1717-11 TMA §17-1717.1-12[3]		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	
	MIN MAGI STD[1]	MAX MAGI STD[2]	MIN MAGI STD[1]	MAX MAGI STD[2]	MIN MAGI STD[1]	MAX MAGI STD[2]	MIN MAGI STD[1]	MAX MAGI STD[2]	MIN MAGI STD[1]	MAX MAGI STD[2]	MIN MAGI STD[1]	MAX MAGI STD[2]	MIN MAGI STD[1]	MAX MAGI STD[2]
FPL**	100%	105%	133%	138%	133%	138%	139%	144%	191%	196%	191%	196%	308%	313%
HH 1	$1,199	$1,259	$1,594	$1,654	$1,594	$1,654	$1,666	$1,726	$2,289	$2,349	$2,289	$2,349	$3,691	$3,751
2	$1,622	$1,703	$2,157	$2,238	$2,157	$2,238	$2,255	$2,336	$3,098	$3,179	$3,098	$3,179	$4,995	$5,076
3	$2,045	$2,148	$2,720	$2,823	$2,720	$2,823	$2,843	$2,945	$3,906	$4,009	$3,906	$4,009	$6,299	$6,401
4	$2,469	$2,592	$3,283	$3,407	$3,283	$3,407	$3,431	$3,555	$4,715	$4,838	$4,715	$4,838	$7,603	$7,726
5	$2,892	$3,037	$3,846	$3,991	$3,846	$3,991	$4,020	$4,164	$5,524	$5,668	$5,524	$5,668	$8,907	$9,051
6	$3,315	$3,481	$4,409	$4,575	$4,409	$4,575	$4,608	$4,774	$6,332	$6,498	$6,332	$6,498	$10,211	$10,376
7	$3,739	$3,926	$4,972	$5,159	$4,972	$5,159	$5,197	$5,384	$7,141	$7,328	$7,141	$7,328	$11,515	$11,701
8	$4,162	$4,370	$5,536	$5,744	$5,536	$5,744	$5,785	$5,993	$7,949	$8,157	$7,949	$8,157	$12,818	$13,027
9	$4,585	$4,815	$6,099	$6,328	$6,099	$6,328	$6,374	$6,603	$8,758	$8,987	$8,758	$8,987	$14,122	$14,352
10	$5,009	$5,259	$6,662	$6,912	$6,662	$6,912	$6,962	$7,212	$9,566	$9,817	$9,566	$9,817	$15,426	$15,677
Add'l HH Member	$424	$445	$564	$585	$564	$585	$589	$610	$809	$830	$809	$830	$1304	$1326

**Federal Poverty Level

[1] MIN MAGI STANDARD: This is the minimum MAGI income standard for the State of Hawaii used to determine eligibility for an individual applying for participation in this MAGI group.

[2] MAX MAGI STANDARD: This is the minimum MAGI income standard plus the 5% disregard used to determine eligibility for an individual whose income exceeds the minimum income standard under this MAGI group. The 5% income disregard is ONLY added to the highest income standard the individual qualifies for and ONLY if it will make them eligible.

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

NOTE: ASSETS ARE EXEMPT FOR INDIVIDUALS SUBJECT TO MAGI METHODOLOGY

4/1/2019