



Minnesota Department of Human Services

Minnesota Health Care Programs Income and Asset Limits

Effective 7/1/06 through 6/30/07

MinnesotaCare	Federal Poverty Guidelines	Monthly Income Limit before payroll deductions				Over Income	Asset Limit
		One	Two	Three	Additional Members		
Adults without children	At or below 175%	\$1,430	\$1,926	Not eligible	Not eligible	Not eligible	\$10,000 for one \$20,000 for two or more
Pregnant women ¹ and children under 21	At or below 275%	\$2,246	\$3,026	\$3,806	Add \$780 per member	Not eligible ²	No asset limit
Parents, legal guardians, foster parents and relative caretakers of children under 21	At or below 275%	\$2,246	\$3,026	\$3,806	Add \$780 per member	Not eligible if gross annual income is over \$50,000	\$10,000 for one \$20,000 for two or more

Medical Assistance	Federal Poverty Guidelines	Monthly Income Limit before payroll deductions				Over Income	Asset Limit
		One	Two	Three	Additional Members		
Pregnant women	At or below 275%	N/A ¹	\$3,026	\$3,806	Add \$780 per member	Eligible with a spenddown ³	No asset limit
Infants under age 2	At or below 280%	\$2,287	\$3,081	\$3,875	Add \$794 per member		
Children ages 2–18	At or below 150%	\$1,225	\$1,650	\$2,075	Add \$425 per member		
Children ages 19–20	At or below 100%	\$817	\$1,101	\$1,385	Add \$284 per member		
Parents with children under 19	At or below 100%	\$817	\$1,101	\$1,385	Add \$284 per member	Eligible with a spenddown ³	\$10,000 for one \$20,000 for two or more
Elderly, blind and people w/disabilities	At or below 100%	\$817	\$1,101	\$1,385	Add \$284 per member	Eligible with a spenddown ³	\$3,000 for one \$6,000 for two plus \$200 for each dependent
Medical Assistance for Employed Persons with Disabilities	Not applicable	No income limit. Must have earned income of at least \$65/month. Enrollees pay a premium based on income.					\$20,000 per enrollee

Medicare Savings Programs	Federal Poverty Guidelines	Monthly Income Limit before payroll deductions				Over Income	Asset Limit
		One	Two	Three	Additional Members		
Qualified Medicare Beneficiaries	At or below 100%	\$837	\$1,121	\$1,405	Add \$284 per member	Not eligible	\$10,000 for a single person \$18,000 for two or more
Service Limited Medicare Beneficiaries	At or below 120%	\$1,000	\$1,340	\$1,680	Add \$340 per member		
Qualifying Individuals	At or below 135%	\$1,123	\$1,506	\$1,889	Add \$383 per member		

General Assistance Medical Care	Federal Poverty Guidelines	Monthly Income Limit before payroll deductions				Over Income	Asset Limit
		One	Two	Three	Additional Members		
Full medical benefits	At or below 75%	\$613	\$826	\$1,039	Add \$213 per member	Not eligible	\$1,000 per household
Hospital only coverage	Above 75% to at or below 175%	\$1,430	\$1,926	\$2,422	Add \$496 per member	Not eligible	\$10,000 for one \$20,000 for two or more

Minnesota Family Planning	Federal Poverty Guidelines	Monthly Income Limit before payroll deductions				Over Income	Asset Limit
		One	Two	Three	Additional Members		
Family Planning Services and Supplies	At or below 200%	\$1,634	\$2,201	\$2,768	Add \$567 per member	Not eligible	No asset limit

¹ Pregnant woman is counted as family size of 2.

² Some children may remain enrolled in MinnesotaCare if they meet the specifics for the Minnesota Comprehensive Health Association exemption.

³ **Spendedown:** If your income is more than the program limits, Medical Assistance may still pay part of your medical bills with a spenddown. A spenddown is like an insurance deductible. You pay for part of your medical expenses and Medical Assistance will pay the rest.

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.