



ACA/FAMILY MEDICAID 006

Table of Standards: Breast & Cervical Cancer Treatment-Income

Supersedes: FMA 006 (04/01/2019)

Reference: ARM 37.82.101 & .701 and FR Vol. 80, No. 14 (01/22/15)

Overview: To qualify for Medicaid coverage under the Montana Breast and Cervical Cancer Treatment Program (MBCCTP), the household's countable gross earned and unearned income cannot exceed 250 percent of the federal poverty level (FPL) standard.

COMPUTATION:

The following standards are effective April 1, 2020.

Income Standards for MBCCTP Medicaid (250% FPL)

<u>Family Size</u>	<u>Monthly Income Standard</u>
1	\$2,658
2	\$3,592
3	\$4,525
4	\$5,458
5	\$6,392
6	\$7,325
7	\$8,258
8	\$9,192
9	\$10,125
10	\$11,058
11	\$11,992
12	\$13,342
13	\$13,858
14	\$14,729
15	\$15,725
16	\$16,658

Effective Date: April 01, 2020