



ACA/FAMILY MEDICAID 006

Table of Standards: Breast & Cervical Cancer Treatment-Income

Supersedes: FMA 006 (04/01/2020)

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, 2021

Income Standards for MBCCTP Medicaid (250% FPL)

<u>Family Size</u>	<u>Monthly Income Standard</u>
1	\$2,683
2	\$3,629
3	\$4,575
4	\$5,521
5	\$6,467
6	\$7,413
7	\$8,358
8	\$9,304
9	\$10,250
10	\$11,196
11	\$12,142
12	\$13,088
13	\$14,033
14	\$14,979
15	\$15,925
16	\$16,871

Effective Date: April 01, 2021