



## ACA/FAMILY MEDICAID 006

### Table of Standards: Breast & Cervical Cancer Treatment-Income

**Supersedes:** ACA-FMA 006 (04/01/2024)

**Reference:** ARM 37.82.101 & .701 and

**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, 2025.

#### **Income Standards for MBCCTP Medicaid (250% FPL)**

<u>Family Size</u>	<u>Monthly Income Standard</u>
1	\$3,260
2	\$4,406
3	\$5,552
4	\$6,698
5	\$7,844
6	\$8,990
7	\$10,135
8	\$11,281
9	\$12,427

<u>Family Size</u>	<u>Monthly Income Standard</u>
10	\$13,573
11	\$14,719
12	\$15,865
13	\$17,010
14	\$18,156
15	\$19,302
16	\$20,448

**Effective Date:** 04/01/2025