



New York State Income and Resource Standards for Non-MAGI Population
Effective January 1, 2025

Household Size	100% FPL		138% FPL Medicaid Income		150% FPL		185% FPL		186% FPL		200% FPL		250% FPL		Resources	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	HH Size
One	15,060	1,255	20,783	1,732	22,590	1,883	27,861	2,322	28,012	2,335	30,120	2,510	37,650	3,138	31,175	One
Two	20,440	1,704	28,208	2,351	30,660	2,555	37,814	3,152	38,019	3,169	40,880	3,407	51,100	4,259	42,312	Two
Three	25,820	2,152	35,632	2,970	38,730	3,228	47,767	3,981			51,640	4,304				
Four	31,200	2,600	43,056	3,588	46,800	3,900	57,720	4,810			62,400	5,200				
Five	36,580	3,049	50,481	4,207	54,870	4,573	67,673	5,640			73,160	6,097				
Six	41,960	3,497	57,905	4,826	62,940	5,245	77,626	6,469			83,920	6,994				
Seven	47,340	3,945	65,330	5,445	71,010	5,918	87,579	7,299			94,680	7,890				
Eight	52,720	4,394	72,754	6,063	79,080	6,590	97,532	8,128			105,440	8,787				
Nine	58,100	4,842	80,178	6,682	87,150	7,263	107,485	8,958			116,200	9,684				
Ten	63,480	5,290	87,603	7,301	95,220	7,935	117,438	9,787			126,960	10,580				
Each Add'l Person	5,380	449	7,425	619	8,070	673	9,953	830			10,760	897				

Spousal Improrishment	Income	Resources
Community Spouse	\$3,948	\$157,920
Institutionalized Spouse	\$50	\$31,175
Family Member Allowance	\$2,555 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$852	N/A

Special Standards for Housing Expenses					
Region	Amount	Region	Amount	Region	Amount
Central	\$365	Northeastern	\$433	Northern Metropolitan	\$1,180
Rochester	\$392	Long Island	\$1,624		
Western	\$320	New York City	\$1,931		

*In determining the community spouse resource allowance on and after January 1, 2025, the community spouse is permitted to retain resources in an amount equal to the greater of the following \$74,820 or the amount of the spousal share up to \$157,920. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

Non-MAGI Population						
Category	Income Compared to:	Household Size		Resource Level		Special Notes
		1	2	1	2	
Under Age 21, ADC-RELATED	Medicaid Income Level	1,732	2,351	No Resource Test		
SSI-Related	Medicaid Income Level	1,732	2,351	31,175	42,312	Household size is always one or two.
COBRA Continuation Coverage	100% FPL	1,255	1,704	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS Insurance	185% FPL	2,322	3,152	No Resource Test		A/R must be ineligible for Medicaid, including COBRA continuation.
Qualified Medicare Beneficiary (QMB)	138% FPL	1,732	2,351	No Resource Test		If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
Qualifying Individual (QI)	Greater than (>)138% but less than or equal to (≤)186% FPL	1,732	2,351	No Resource Test		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. The A/R must have part A to qualify.
		2,335	3,169			
Qualified Disabled & Working Individual (QDWI)	200% FPL	2,510	3,407	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part A premium.
Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)	250% FPL	3,138	4,259	31,175	42,312	Countable retirement accounts are disregarded as resources effective 10/01/11.

(Rev. 11/27/24)



New York State Income Standards for MAGI Population Effective January 1, 2025

Household Size	100% FPL		110% FPL		138% FPL		154% FPL		155% FPL		223% FPL	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
One	15,060	1,255	16,566	1,381	20,783	1,732	23,193	1,933	23,343	1,946	33,584	2,799
Two	20,440	1,704	22,484	1,874	28,208	2,351	31,478	2,624	31,682	2,641	45,582	3,799
Three	25,820	2,152	28,402	2,367	35,632	2,970	39,763	3,314	40,021	3,336	57,579	4,799
Four	31,200	2,600	34,320	2,860	43,056	3,588	48,048	4,004	48,360	4,030	69,576	5,798
Five	36,580	3,049	40,238	3,354	50,481	4,207	56,334	4,695	56,699	4,725	81,574	6,798
Six	41,960	3,497	46,156	3,847	57,905	4,826	64,619	5,385	65,038	5,420	93,571	7,798
Seven	47,340	3,945	52,074	4,340	65,330	5,445	72,904	6,076	73,377	6,115	105,569	8,798
Eight	52,720	4,394	57,992	4,833	72,754	6,063	81,189	6,766	81,716	6,810	117,566	9,798
Nine	58,100	4,842	63,910	5,326	80,178	6,682	89,474	7,457	90,055	7,505	129,563	10,797
Ten	63,480	5,290	69,828	5,819	87,603	7,301	97,760	8,147	98,394	8,200	141,561	11,797
Each Add't Person	5,380	449	5,918	494	7,425	619	8,286	691	8,339	695	11,998	1,000

(Rev. 11/27/24)

MAGI POPULATION						
Category	Income Compared to:	Household Size		Resource Level		Special Notes
		1	2	1	2	
Presumptive Eligibility for Pregnant Consumers	223% FPL	N/A	3,799	No Resource Test		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
Pregnant Consumers	223% FPL	N/A	3,799	No Resource Test		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income or household size composition. If the income is above 223% FPL the A/R must spenddown to the Medicaid Income level. The baby will have guaranteed eligibility for one year.
Children Under One	223% FPL	2,799	3,799	No Resource Test		If the income is above 223% FPL the A/R may apply for CHPlus or spenddown to the Medicaid Income level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension.
Children Age 1 through 5	154% FPL	1,933	2,624	No Resource Test		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid Income level.
Children Age 6 through 18	110% FPL	1,381	1,874	No Resource Test		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid Income level.
	154% FPL	1,933	2,624	No Resource Test		
Parents/Caretaker Relatives	138% FPL	1,732	2,351	No Resource Test		If income is above 138% FPL the A/R may apply for Advanced Premium Tax Credit (APTC) or Essential Plan (EP) if chooses to spenddown, must spenddown to the Medicaid Level.
19 and 20 Year Olds, Living with Parents	138% FPL	1,732	2,351	No Resource Test		If income is above 155% FPL the A/R can apply for APTC or EP or if chooses to spenddown, must spenddown to Medicaid Income level.
	155% FPL	1,946	2,641	No Resource Test		
Single/Childless Couples and 19 and 20 Year Olds, Living Alone	100% FPL	1,255	1,704	No Resource Test		Single/Childless Couples (S/CCs) cannot spenddown, but can apply for APTC or EP; 19 and 20 year olds if income over 138% may apply for APTC or EP if chooses to spenddown, must spenddown to the Medicaid Income level.
	138% FPL	1,732	2,351	No Resource Test		
Family Planning Program	223% FPL	2,799	3,799	No Resource Test		Eligibility determined using only applicant's income.



Pickle

Section 503 of Public Law 94-566, referred to as the Pickle Amendment, protects Medicaid eligibility for all recipients of Retirement Survivors and Disability Insurance (RSDI) who were previously eligible for SSI benefits concurrently. These recipients are individuals who would be eligible for SSI, if all RSDI Cost of Living Allowances (COLAs) received since they were last eligible for and receiving RSDI and SSI benefits concurrently, were deducted from their countable income. (See 85 ADM-35 for further information). The reduction factors in the chart below, "REDUCTION FACTORS FOR CALCULATING MEDICAID ELIGIBILITY UNDER THE PICKLE AMENDMENT", should be used when determining Medicaid eligibility for individuals who are entitled to a reduction to their countable SSI Income.

If SSI was terminated during this period:	Multiply 2024 Social Security income by:	If SSI was terminated during this period:	Multiply 2024 Social Security income by:	If SSI was terminated during this period:	Multiply 2024 Social Security income by:
May – June 1977	0.191	Jan. 1992 – Dec. 1992	0.447	Jan. 2007 – Dec. 2007	0.660
July 1977 – June 1978	0.202	Jan. 1993 – Dec. 1993	0.461	Jan. 2008 – Dec. 2008	0.675
July 1978 – June 1979	0.215	Jan. 1994 – Dec. 1994	0.473	Jan. 2009 – Dec. 2011	0.715
July 1979 – June 1980	0.236	Jan. 1995 – Dec. 1995	0.486	Jan. 2012 – Dec. 2012	0.741
July 1980 – June 1981	0.270	Jan. 1996 – Dec. 1996	0.499	Jan. 2013 – Dec. 2013	0.753
July 1981 – June 1982	0.300	Jan. 1997 – Dec. 1997	0.513	Jan. 2014 – Dec. 2014	0.765
July 1982 – Dec. 1983	0.322	Jan. 1998 – Dec. 1998	0.524	Jan. 2015 – Dec. 2016	0.778
Jan. 1984 – Dec. 1984	0.334	Jan. 1999 – Dec. 1999	0.531	Jan. 2017 – Dec. 2017	0.780
Jan. 1985 – Dec. 1985	0.345	Jan. 2000 – Dec. 2000	0.544	Jan. 2018 – Dec. 2018	0.795
Jan. 1986 – Dec. 1986	0.356	Jan. 2001 – Dec. 2001	0.563	Jan. 2019 – Dec. 2019	0.818
Jan. 1987 – Dec. 1987	0.361	Jan. 2002 – Dec. 2002	0.578	Jan. 2020 – Dec. 2020	0.831
Jan. 1988 – Dec. 1988	0.376	Jan. 2003 – Dec. 2003	0.586	Jan. 2021 – Dec. 2021	0.842
Jan. 1989 – Dec. 1989	0.391	Jan. 2004 – Dec. 2004	0.598	Jan. 2022 – Dec. 2022	0.891
Jan. 1990 – Dec. 1990	0.409	Jan. 2005 – Dec. 2005	0.614	Jan. 2023 – Dec. 2023	0.969
Jan. 1991 – Dec. 1991	0.431	Jan. 2006 – Dec. 2006	0.639		

Note: This updates the Reduction Factors included in the Medicaid Reference Guide (MRG). The MRG table should no longer be used.