



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	15,650	1,305	21,597	1,800	23,475	1,957	28,953	2,413	29,109	2,426	31,300	2,609	39,125	3,261	32,396	One
Two	21,150	1,763	29,187	2,433	31,725	2,644	39,128	3,261	39,339	3,279	42,300	3,525	52,875	4,407	43,781	Two
Three	26,650	2,221	36,777	3,065	39,975	3,332	49,303	4,109			53,300	4,442				
Four	32,150	2,680	44,367	3,698	48,225	4,019	59,478	4,957			64,300	5,359				
Five	37,650	3,138	51,957	4,330	56,475	4,707	69,653	5,805			75,300	6,275				
Six	43,150	3,596	59,547	4,963	64,725	5,394	79,828	6,653			86,300	7,192				
Seven	48,650	4,055	67,137	5,595	72,975	6,082	90,003	7,501			97,300	8,109				
Eight	54,150	4,513	74,727	6,228	81,225	6,769	100,178	8,349			108,300	9,025				
Nine	59,650	4,971	82,317	6,860	89,475	7,457	110,353	9,197			119,300	9,942				
Ten	65,150	5,430	89,907	7,493	97,725	8,144	120,528	10,044			130,300	10,859				
Each Add'l Person	5,500	459	7,590	633	8,250	688	10,175	848			11,000	917				+

Spousal Improrishment	Income	Resources
Community Spouse	\$3,948	\$157,920
Institutionalized Spouse	\$50	\$32,396
Family Member Allowance	\$2,644 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$882	N/A

Special Standards for Housing Expenses					
Region	Amount	Region	Amount	Region	Amount
Central	\$426	Northeastern	\$497	Northern Metropolitan	\$1,229
Rochester	\$448	Long Island	\$1,701		
Western	\$341	New York City	\$1,790		

*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	1,800	2,433	No Resource Test		
SSI-Related	Medicaid Income Level	1,800	2,433	32,396	43,781	Household size is always one or two.
COBRA Continuation Coverage	100% FPL	1,305	1,763	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS Insurance	185% FPL	2,413	3,261	No Resource Test		A/R must be ineligible for Medicaid, including COBRA continuation.
Qualified Medicare Beneficiary (QMB)	138% FPL	1,800	2,433	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	1,800	2,433	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.
		2,426	3,279			
Qualified Disabled & Working Individual (QDWI)	200% FPL	2,609	3,525	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	3,261	4,407	32,396	43,781	Countable retirement accounts are disregarded as resources effective 10/01/11.

**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	15,650	1,305	17,215	1,435	21,597	1,800	24,101	2,009	24,258	2,022	34,900	2,909
Two	21,150	1,763	23,265	1,939	29,187	2,433	32,571	2,715	32,783	2,732	47,165	3,931
Three	26,650	2,221	29,315	2,443	36,777	3,065	41,041	3,421	41,308	3,443	59,430	4,953
Four	32,150	2,680	35,365	2,948	44,367	3,698	49,511	4,126	49,833	4,153	71,695	5,975
Five	37,650	3,138	41,415	3,452	51,957	4,330	57,981	4,832	58,358	4,864	83,960	6,997
Six	43,150	3,596	47,465	3,956	59,547	4,963	66,451	5,538	66,883	5,574	96,225	8,019
Seven	48,650	4,055	53,515	4,460	67,137	5,595	74,921	6,244	75,408	6,284	108,490	9,041
Eight	54,150	4,513	59,565	4,964	74,727	6,228	83,391	6,950	83,933	6,995	120,755	10,063
Nine	59,650	4,971	65,615	5,468	82,317	6,860	91,861	7,656	92,458	7,705	133,020	11,085
Ten	65,150	5,430	71,665	5,973	89,907	7,493	100,331	8,361	100,983	8,416	145,285	12,108
Each Add't Person	5,500	459	6,050	505	7,590	633	8,470	706	8,525	711	12,265	1,023

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	3,931	No Resource Test		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
Pregnant Consumers	223% FPL	N/A	3,931	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	2,909	3,931	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	2,009	2,715	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	1,435	1,939	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	2,009	2,715	No Resource Test		
Parents/Caretaker Relatives	138% FPL	1,800	2,433	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.
	155% FPL	2,022	2,732	No Resource Test		
19 and 20 Year Olds, Living with Parents	138% FPL	1,800	2,433	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	2,022	2,732	No Resource Test		
Single/Childless Couples and 19 and 20 Year Olds, Living Alone	100% FPL	1,305	1,763	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	1,800	2,433	No Resource Test		
Family Planning Program	223% FPL	2,909	3,931	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 2025 Social Security income by:	If SSI was terminated during this period:	Multiply 2025 Social Security income by:	If SSI was terminated during this period:	Multiply 2025 Social Security income by:
May – June 1977	0.186	Jan. 1992 – Dec. 1992	0.437	Jan. 2007 – Dec. 2007	0.644
July 1977 – June 1978	0.197	Jan. 1993 – Dec. 1993	0.450	Jan. 2008 – Dec. 2008	0.659
July 1978 – June 1979	0.210	Jan. 1994 – Dec. 1994	0.461	Jan. 2009 – Dec. 2011	0.697
July 1979 – June 1980	0.230	Jan. 1995 – Dec. 1995	0.474	Jan. 2012 – Dec. 2012	0.723
July 1980 – June 1981	0.263	Jan. 1996 – Dec. 1996	0.487	Jan. 2013 – Dec. 2013	0.735
July 1981 – June 1982	0.293	Jan. 1997 – Dec. 1997	0.501	Jan. 2014 – Dec. 2014	0.746
July 1982 – Dec. 1983	0.315	Jan. 1998 – Dec. 1998	0.511	Jan. 2015 – Dec. 2016	0.759
Jan. 1984 – Dec. 1984	0.326	Jan. 1999 – Dec. 1999	0.518	Jan. 2017 – Dec. 2017	0.761
Jan. 1985 – Dec. 1985	0.337	Jan. 2000 – Dec. 2000	0.531	Jan. 2018 – Dec. 2018	0.776
Jan. 1986 – Dec. 1986	0.347	Jan. 2001 – Dec. 2001	0.549	Jan. 2019 – Dec. 2019	0.798
Jan. 1987 – Dec. 1987	0.352	Jan. 2002 – Dec. 2002	0.564	Jan. 2020 – Dec. 2020	0.811
Jan. 1988 – Dec. 1988	0.367	Jan. 2003 – Dec. 2003	0.571	Jan. 2021 – Dec. 2021	0.821
Jan. 1989 – Dec. 1989	0.381	Jan. 2004 – Dec. 2004	0.583	Jan. 2022 – Dec. 2022	0.870
Jan. 1990 – Dec. 1990	0.399	Jan. 2005 – Dec. 2005	0.599	Jan. 2023 – Dec. 2023	0.945
Jan. 1991 – Dec. 1991	0.421	Jan. 2006 – Dec. 2006	0.624	Jan. 2024 – Dec. 2024	0.976

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