



New York State Income and Resource Standards for Non-MAGI Population  
Effective January 1, 2026

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	15,960	1,330	22,025	1,836	23,940	1,995	29,526	2,461	29,686	2,474	31,920	2,660	39,900	3,325	33,038	One
Two	21,640	1,804	29,864	2,489	32,460	2,705	40,034	3,337	40,251	3,355	43,280	3,607	54,100	4,509	44,796	Two
Three	27,320	2,277	37,702	3,142	40,980	3,415	50,542	4,212			54,640	4,554				
Four	33,000	2,750	45,540	3,795	49,500	4,125	61,050	5,088			66,000	5,500				
Five	38,680	3,224	53,379	4,449	58,020	4,835	71,558	5,964			77,360	6,447				
Six	44,360	3,697	61,217	5,102	66,540	5,545	82,066	6,839			88,720	7,394				
Seven	50,040	4,170	69,056	5,755	75,060	6,255	92,574	7,715			100,080	8,340				
Eight	55,720	4,644	76,894	6,408	83,580	6,965	103,082	8,591			111,440	9,287				
Nine	61,400	5,117	84,732	7,061	92,100	7,675	113,590	9,466			122,800	10,234				
Ten	67,080	5,590	92,571	7,715	100,620	8,385	124,098	10,342			134,160	11,180				
Each Add'l Person	5,680	474	7,839	654	8,520	710	10,508	876			11,360	947				+

Spousal Impoverishment	Income	Resources
Community Spouse	\$4,066.50	\$162,660
Institutionalized Spouse	\$50	\$33,038
Family Member Allowance	\$2,705 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$902	N/A

Special Standards for Housing Expenses					
Region	Amount	Region	Amount	Region	Amount
Central	\$439	Northeastern	\$567	Northern Metropolitan	\$1,380
Rochester	\$505	Long Island	\$1,828		
Western	\$402	New York City	\$2,104		

\*In determining the community spouse resource allowance on and after January 1, 2026, 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 \$162,660. 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	
<b>Under Age 21, ADC-RELATED</b>	Medicaid Income Level	1,836	2,489	No Resource Test		
<b>SSI-Related</b>	Medicaid Income Level	1,836	2,489	33,038	44,796	Household size is always one or two.
<b>COBRA Continuation Coverage</b>	100% FPL	1,330	1,804	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
<b>AIDS Insurance</b>	185% FPL	2,461	3,337	No Resource Test		A/R must be ineligible for Medicaid, including COBRA continuation.
<b>Qualified Medicare Beneficiary (QMB)</b>	138% FPL	1,836	2,489	No Resource Test		If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
<b>Qualifying Individual (QI)</b>	Greater than (>)138% but less than or equal to (≤)186% FPL	1,836	2,489	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.
		2,474	3,355			
<b>Qualified Disabled &amp; Working Individual (QDWI)</b>	200% FPL	2,660	3,607	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part A premium.
<b>Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)</b>	250% FPL	3,325	4,509	33,038	44,796	Countable retirement accounts are disregarded as resources effective 10/01/11.



New York State Income Standards for MAGI Population Effective January 1, 2026

Household Size	100% FPL		110% FPL		138% FPL		154% FPL		155% FPL		223% FPL	
	Annual	Monthly										
One	15,960	1,330	17,556	1,463	22,025	1,836	24,579	2,049	24,738	2,062	35,591	2,966
Two	21,640	1,804	23,804	1,984	29,864	2,489	33,326	2,778	33,542	2,796	48,258	4,022
Three	27,320	2,277	30,052	2,505	37,702	3,142	42,073	3,507	42,346	3,529	60,924	5,077
Four	33,000	2,750	36,300	3,025	45,540	3,795	50,820	4,235	51,150	4,263	73,590	6,133
Five	38,680	3,224	42,548	3,546	53,379	4,449	59,568	4,964	59,954	4,997	86,257	7,189
Six	44,360	3,697	48,796	4,067	61,217	5,102	68,315	5,693	68,758	5,730	98,923	8,244
Seven	50,040	4,170	55,044	4,587	69,056	5,755	77,062	6,422	77,562	6,464	111,590	9,300
Eight	55,720	4,644	61,292	5,108	76,894	6,408	85,809	7,151	86,366	7,198	124,256	10,355
Nine	61,400	5,117	67,540	5,629	84,732	7,061	94,556	7,880	95,170	7,931	136,922	11,411
Ten	67,080	5,590	73,788	6,149	92,571	7,715	103,304	8,609	103,974	8,665	149,589	12,466
Each Add't Person	5,680	474	6,248	521	7,839	654	8,748	729	8,804	734	12,667	1,056

MAGI POPULATION						
Category	Income Compared to:	Household Size		Resource Level		Special Notes
		1	2	1	2	
<b>Presumptive Eligibility for Pregnant Consumers</b>	223% FPL	N/A	4,022	No Resource Test		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
<b>Pregnant Consumers</b>	223% FPL	N/A	4,022	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.
<b>Children Under One</b>	223% FPL	2,966	4,022	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.
<b>Children Age 1 through 5</b>	154% FPL	2,049	2,778	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.
<b>Children Age 6 through 18</b>	110% FPL	1,463	1,984	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	2,049	2,778	No Resource Test		
<b>Parents/Caretaker Relatives</b>	138% FPL	1,836	2,489	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.
<b>19 and 20 Year Olds, Living with Parents</b>	138% FPL	1,836	2,489	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	2,062	2,796	No Resource Test		
<b>Single/Childless Couples and 19 and 20 Year Olds, Living Alone</b>	100% FPL	1,330	1,804	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	1,836	2,489	No Resource Test		
<b>Family Planning Program</b>	223% FPL	2,966	4,022	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 2026 Social Security income by:	If SSI was terminated during this period:	Multiply 2026 Social Security income by:	If SSI was terminated during this period:	Multiply 2026 Social Security income by:
May – June 1977	0.181	Jan. 1992 – Dec. 1992	0.425	Jan. 2007 – Dec. 2007	0.627
July 1977 – June 1978	0.192	Jan. 1993 – Dec. 1993	0.437	Jan. 2008 – Dec. 2008	0.641
July 1978 – June 1979	0.204	Jan. 1994 – Dec. 1994	0.449	Jan. 2009 – Dec. 2011	0.678
July 1979 – June 1980	0.224	Jan. 1995 – Dec. 1995	0.461	Jan. 2012 – Dec. 2012	0.703
July 1980 – June 1981	0.256	Jan. 1996 – Dec. 1996	0.473	Jan. 2013 – Dec. 2013	0.715
July 1981 – June 1982	0.285	Jan. 1997 – Dec. 1997	0.487	Jan. 2014 – Dec. 2014	0.726
July 1982 – Dec. 1983	0.306	Jan. 1998 – Dec. 1998	0.497	Jan. 2015 – Dec. 2016	0.738
Jan. 1984 – Dec. 1984	0.317	Jan. 1999 – Dec. 1999	0.504	Jan. 2017 – Dec. 2017	0.740
Jan. 1985 – Dec. 1985	0.328	Jan. 2000 – Dec. 2000	0.516	Jan. 2018 – Dec. 2018	0.755
Jan. 1986 – Dec. 1986	0.338	Jan. 2001 – Dec. 2001	0.534	Jan. 2019 – Dec. 2019	0.776
Jan. 1987 – Dec. 1987	0.342	Jan. 2002 – Dec. 2002	0.548	Jan. 2020 – Dec. 2020	0.788
Jan. 1988 – Dec. 1988	0.357	Jan. 2003 – Dec. 2003	0.556	Jan. 2021 – Dec. 2021	0.799
Jan. 1989 – Dec. 1989	0.371	Jan. 2004 – Dec. 2004	0.568	Jan. 2022 – Dec. 2022	0.846
Jan. 1990 – Dec. 1990	0.388	Jan. 2005 – Dec. 2005	0.583	Jan. 2023 – Dec. 2023	0.920
Jan. 1991 – Dec. 1991	0.409	Jan. 2006 – Dec. 2006	0.607	Jan. 2024 – Dec. 2024	0.949
				Jan. 2025 – Dec. 2025	0.973

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