

PROGRAM STANDARDS

GROUP I COUNTIES

# in unit	FOOD STAMPS (Effective 10/08)			TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids/FamilyCare Expansion Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY			
	MAX Allot.	MAX Gross	MAX Net	Child only	Adult & children	FAMILY ASSIST	FAMILY HEALTH SPEND-DOWN	All Kids & FamilyCare Assist Children & Adults	SHARE/Rebate Children & Adults	Premium Level 1 & Rebate Children & Adults	MOMS & BABIES	SON*	AABD/QMB 100% FPL	SLIB 120% FPL	QI-1 135% FPL
1	\$176	\$1,127	\$867	117	243	243	283	1153	1154 - 1300	1301 - 1733	---	667	867	868 - 1040	1041 - 1170
2	323	1517	1167	230	318	318	375	1552	1553 - 1750	1751 - 2333	2333	873	1167	1168 - 1400	1401 - 1575
3	463	1907	1467	284	432	432	508	1951	1952 - 2200	2201 - 2933	2933	1184	1467	1468 - 1760	1761 - 1980
4	588	2297	1767	365	474	474	558	2350	2351 - 2650	2651 - 3533	3533	1301	1767	1768 - 2120	2121 - 2385
5	698	2687	2067	434	555	555	650	2749	2750 - 3100	3101 - 4133	4133	1522	2067	2068 - 2480	2481 - 2790
6	838	3077	2367	465	623	623	733	3148	3149 - 3550	3551 - 4733	4733	1711	2367	2368 - 2840	2841 - 3195
7	926	3467	2667	501	657	657	767	3547	3548 - 4000	4001 - 5333	5333	1803	2667	2668 - 3200	3201 - 3600
8	1058	3857	2967	536	691	691	808	3946	3947 - 4450	4451 - 5933	5933	1896	2967	2968 - 3560	3561 - 4005
9	1190	4247	3267	576	727	727	850	4345	4346 - 4900	4901 - 6533	6533	1995	3267	3268 - 3920	3921 - 4410
10	1322	4637	3567	616	765	765	900	4744	4745 - 5350	5351 - 7133	7133	2100	3567	3568 - 4280	4281 - 4815
Each add'l.	+132	+390	+300				+67	+399	+450	+600	+600		+300	+360	+405
				WAG 25-03-05				<i>Equal to or less than 133% FPL</i>	<i>Over 133%, not over 150% FPL</i>	<i>+600 Over 150%, not over 200% FPL</i>	<i>+600 Not over 200% FPL</i>				
A S S E T S	FOOD STAMPS			TANF - GA		FAMILY HEALTH PLANS - Assets not considered						AABD CASH/MED		QMB	
	\$2000 (\$3000 if at least one person is a qualifying member) PM 07-04			1 person - \$2000 2 people - \$3000 Each add'l. - \$50								1 person - \$2000		1 person - \$4000	
						Medical Income Standards PM 15-06-01		*SON - Standard of Need, WAG 15-04-02-c		2 people - \$3000		2 or more - \$6000			
											Each additional person - add \$50 Asset Limits PM 07-02				
STANDARD DEDUCTION \$144 - 1-3 people (10/08) \$147 - 4 people (10/08) \$172 - 5 people (10/08) \$197 - 6 or more people (10/08)						MAXIMUM SHELTER DEDUCTION \$446 (10/08)									
UTILITY STANDARDS (04/07) SUP BY: No QM/QM						DEPENDENT CARE DEDUCTIONS FOR FS <i>10/08 Use actual monthly costs</i>						MEDICARE DEDUCTION			
A/C Heat - \$299 (04/06) 1/5						MAXIMUM DEPENDENT CARE DEDUCTIONS FOR MEDICAL						GRANT ADJUSTMENT			
Limited Utility - \$177 (04/07) 3/7						Child under age 2 - \$200 monthly						(changes eff. March)			
Single Utility - \$37 (04/07) 4/8						Person age 2 and over - \$175 monthly						SPOUSAL IMPOVERISHMENT			
Telephone - \$28 (04/07) 0/9						MINIMUM WAGE						ASSETS			
No Standard 2/6						Federal: \$6.55 hr. (effective 07/24/08)						SPOUSAL INCOME			
						State: \$7.75 hr.						FAMILY MAINTENANCE			
												(changes eff. April)			
												SLF			
												SHARED ROOM			
												SSI - INDIVIDUAL			
												SSI - COUPLE			
												2007		2008	
												\$93.50		\$96.40	
												\$444.90		\$458.90	
												101,640		104,400	
												2,541		2,610	
												1,711		1,750	
												623		637	
												467		478	
												623		637	
												934		956	

GROUP II COUNTIES

# in unit	FOOD STAMPS (Effective 10/08)			TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids/FamilyCare Expansion Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY			
	MAX Allot.	MAX Gross	MAX Net	Child only	Adult & children	FAMILY ASSIST	FAMILY HEALTH SPEND-DOWN	All Kids & FamilyCare Assist Children & Adults	SHARE/ Rebate Children & Adults	Premium Level 1 & Rebate Children & Adults	MOMS & BABIES	SON*	AABD/QMB 100% FPL	SLIB 120% FPL	QI-1 135% FPL
1	\$176	\$1,127	\$867	111	233	233	\$283	1153	1154 - 1300	1301 - 1733	---	641	867	868 - 1040	1041 - 1170
2	323	1517	1167	222	307	307	375	1552	1553 - 1750	1751 - 2333	2333	844	1167	1168 - 1400	1401 - 1575
3	463	1907	1467	277	417	417	508	1951	1952 - 2200	2201 - 2933	2933	1146	1467	1468 - 1760	1761 - 1980
4	588	2297	1767	356	461	461	558	2350	2351 - 2650	2651 - 3533	3533	1265	1767	1768 - 2120	2121 - 2385
5	698	2687	2067	422	540	540	650	2749	2750 - 3100	3101 - 4133	4133	1480	2067	2068 - 2480	2481 - 2790
6	838	3077	2367	455	605	605	733	3148	3149 - 3550	3551 - 4733	4733	1660	2367	2368 - 2840	2841 - 3195
7	926	3467	2667	488	638	638	767	3547	3548 - 4000	4001 - 5333	5333	1749	2667	2668 - 3200	3201 - 3600
8	1058	3857	2967	525	673	673	808	3946	3947 - 4450	4451 - 5933	5933	1846	2967	2968 - 3560	3561 - 4005
9	1190	4247	3267	562	709	709	850	4345	4346 - 4900	4901 - 6533	6533	1944	3267	3268 - 3920	3921 - 4410
10	1322	4637	3567	601	746	746	900	4744	4745 - 5350	5351 - 7133	7133	2045	3567	3568 - 4280	4281 - 4815
Each add'l.	+132	+390	+300				+67	+399	+450	+600	+600		+300	+360	+405
				WAG 25-03-05				<i>Equal to or less than 133% FPL</i>	<i>Over 133%, not over 150% FPL</i>	<i>+600 Over 150%, not over 200% FPL</i>	<i>+600 Not over 200% FPL</i>				
A S S E T S	FOOD STAMPS			TANF - GA		FAMILY HEALTH PLANS - Assets not considered						AABD CASH/MED		QMB	
	\$2000 (\$3000 if at least one person is a qualifying member) PM 07-04			1 person - \$2000 2 people - \$3000 Each add'l. - \$50								2 people - \$3000		2 or more - \$6000	
						Medical Income Standards PM 15-06-01			*SON - Standard of Need, WAG 15-04-02-c			Each additional person - add \$50		Asset Limits PM 07-02	
STANDARD DEDUCTION \$144 - 1-3 people (10/08) \$147 - 4 people (10/08) \$172 - 5 people (10/08) \$197 - 6 or more people (10/08)						MAXIMUM SHELTER DEDUCTION \$446 (10/08)									
UTILITY STANDARDS (04/07) SUP BY: No QM/QM						DEPENDENT CARE DEDUCTIONS FOR FS <i>10/08 Use actual monthly costs</i>						MEDICARE DEDUCTION			
A/C Heat - \$299 (04/06) 1/5						MAXIMUM DEPENDENT CARE DEDUCTIONS FOR MEDICAL						GRANT ADJUSTMENT			
Limited Utility - \$177 (04/07) 3/7						Child under age 2 - \$200 monthly						(changes eff. March)			
Single Utility - \$37 (04/07) 4/8						Person age 2 and over - \$175 monthly						SPOUSAL IMPOVERISHMENT			
Telephone - \$28 (04/07) 0/9						MINIMUM WAGE						ASSETS			
No Standard 2/6						Federal: \$6.55 hr. (effective 07/24/08)						SPOUSAL INCOME			
						State: \$7.75 hr.						FAMILY MAINTENANCE			
												(changes eff. April)			
												SLF			
												SHARED ROOM			
												SSI - INDIVIDUAL			
												SSI - COUPLE			
												2007		2008	
												\$93.50		\$96.40	
												\$444.90		\$458.90	
												101,640		104,400	
												2,541		2,610	
												1,711		1,750	
												623		637	
												467		478	
												623		637	
												934		956	

GROUP III COUNTIES

# in unit	FOOD STAMPS (Effective 10/08)			TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids/FamilyCare Expansion Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY					
	MAX Allot.	MAX Gross	MAX Net	Child only	Adult & children	FAMILY ASSIST	Family Health Spend-down	All Kids & FamilyCare Assist Children & Adults	Share/Rebate Children & Adults	Premium Level 1 & Rebate Children & Adults	MOMS & BABIES	SON*	AABD/QMB 100% FPL	SLIB 120% FPL	QI-1 135% FPL		
1	\$176	\$1,127	\$867	108	198	198	\$283	1153	1154 - 1300	1301 - 1733	---	545	867	868 - 1040	1041 - 1170		
2	323	1517	1167	215	294	294	375	1552	1553 - 1750	1751 - 2333	2333	808	1167	1168 - 1400	1401 - 1575		
3	463	1907	1467	271	399	399	508	1951	1952 - 2200	2201 - 2933	2933	1096	1467	1468 - 1760	1761 - 1980		
4	588	2297	1767	346	445	445	558	2350	2351 - 2650	2651 - 3533	3533	1221	1767	1768 - 2120	2121 - 2385		
5	698	2687	2067	411	519	519	650	2749	2750 - 3100	3101 - 4133	4133	1424	2067	2068 - 2480	2481 - 2790		
6	838	3077	2367	443	585	585	733	3148	3149 - 3550	3551 - 4733	4733	1606	2367	2368 - 2840	2841 - 3195		
7	926	3467	2667	474	616	616	767	3547	3548 - 4000	4001 - 5333	5333	1690	2667	2668 - 3200	3201 - 3600		
8	1058	3857	2967	509	647	647	808	3946	3947 - 4450	4451 - 5933	5933	1777	2967	2968 - 3560	3561 - 4005		
9	1190	4247	3267	546	683	683	850	4345	4346 - 4900	4901 - 6533	6533	1875	3267	3268 - 3920	3921 - 4410		
10	1322	4637	3567	584	718	718	900	4744	4745 - 5350	5351 - 7133	7133	1972	3567	3568 - 4280	4281 - 4815		
Each add'l.	+132	+390	+300				+67	+399	+450	+600 Over 150%, not over 200% FPL	+600 Not over 200% FPL		+300	+360	+405		
				WAG 25-03-05				<i>Equal to or less than 133% FPL</i>	<i>Over 133%, not over 150% FPL</i>								
S S E T S	FOOD STAMPS			TANF - GA		FAMILY HEALTH PLANS - Assets not considered						AABD CASH/MED		QMB			
	\$2000 (\$3000 if at least one person is a qualifying member) PM 07-04			1 person - \$2000 2 people - \$3000 Each add'l. - \$50		Medical Income Standards PM 15-06-01						*SON - Standard of Need, WAG 15-04-02-c		1 person - \$2000		1 person - \$4000	
														2 people - \$3000		2 or more - \$6000	
													Each additional person - add \$50 Asset Limits PM 07-02				
STANDARD DEDUCTION \$144 - 1-3 people (10/08) \$147 - 4 people (10/08) \$172 - 5 people (10/08) \$197 - 6 or more people (10/08)						MAXIMUM SHELTER DEDUCTION \$446 (10/08)											
UTILITY STANDARDS (04/07) SUP BY: No QM/QM A/C Heat - \$299 (04/06) 1/5 Limited Utility - \$177 (04/07) 3/7 Single Utility - \$37 (04/07) 4/8 Telephone - \$28 (04/07) 0/9 No Standard 2/6						DEPENDENT CARE DEDUCTIONS FOR FS 10/08 Use actual monthly costs											
						MAXIMUM DEPENDENT CARE DEDUCTIONS FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly											
						MINIMUM WAGE Federal: \$6.55 hr. (effective 07/24/08) State: \$7.75 hr.											
												MEDICARE DEDUCTION \$93.50 (2007) \$96.40 (2008)		GRANT ADJUSTMENT \$444.90 (2007) \$458.90 (2008)			
												SPOUSAL IMPOVERISHMENT ASSETS 101,640 (2007) 104,400 (2008)		SPOUSAL INCOME 2,541 (2007) 2,610 (2008)			
												FAMILY MAINTENANCE (changes eff. April) 1,711 (2007) 1,750 (2008)		SLF 623 (2007) 637 (2008)			
												SHARED ROOM 467 (2007) 478 (2008)		SSI - INDIVIDUAL 623 (2007) 637 (2008)			
												SSI - COUPLE 934 (2007) 956 (2008)					

11/01/08
(revised)

WAG 25-03-02 (3)

ITEM 78 CODES FOR PERSONS AGE 19 & OVER IN A FHP CASE

Program	Definition	Item 78
Family Assist	Family income = or less than the Family Assist standard	- (dash)
Family Care Assist	Income greater than FA standard but less than or = Family Health Spenddown standard	- (dash)
Family Care Assist	Income greater than Family Health Spenddown standard but = or less than standard - State insurance not available.	A
Family Care Assist	Income greater than Family Health Spenddown standard but = or less than this standard - State insurance available.	F
Family Health Spenddown	Income greater than Family Care Assist standard.	- (dash)

ITEM 78 CODES FOR PERSONS UNDER AGE 19 & PREGNANT WOMEN IN A FHP CASE

Program	Definition	Item 78
Family Assist	N/A	(-), 3
All Kids Assist	Income above FA standard, = or less than 133% of FPL	R
Moms & Babies, FamilyCare	Pregnant or Newborn born to Medicaid eligible mother	P
	Newborn born to Medicaid eligible mother who doesn't meet the immigration requirement	N
Family Health Spenddown	N/A	- (dash)
Extended medical	N/A	- (dash)

ITEM 68 CODES FOR ALL KIDS /FAMILY CARE SHARE, PREMIUM, AND REBATE

Definition	Code
Uninsured child or adult-no state insurance available	- (dash)
Insured child or adult-no state insurance available	1
Uninsured child-state insurance available	2
Insured child-state insurance available	3

11/01/08 (revised)

ITEM 73 FOR ALL KIDS /FAMILY CARE SHARE, PREMIUM, AND REBATE

Program	Item 73	Item 80
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Share	Y	177
Share (eligible for Rebate - chose Share)	J	177
Premium	Z	177
Premium (eligible for Rebate - chose Premium)	L	177
Rebate (income = or less than 150% of FPL)	V	177
Rebate (income greater than 150% of FPL)	X	177

QMB Case Coding

Program	Item 60	Program	Item 60
QMB/Medicaid	1	SLIB/Medicaid	2
QI-1 Spenddown	3	QI-1 Only	7
SLIB Only	8	QMB Only	9

Program*	District Office	Eligibility Determination	Case Maintenance
Illinois Cares Rx**	MMIS**	Dept. on Aging	HBWD Unit
IL Breast & Cervical Cancer	189	Dept. of Public Health	All Kids Unit
Illinois Healthy Women	190	All Kids Unit	All Kids Unit
HFS Social Services	194	Central Action	HFS
DHS Social Services	193	Central Action	DHS
Incarcerated Persons	195	All Kids Unit	All Kids Unit
Veterans Care	196	Veterans Care Unit	Veterans Care Unit
Health Benefits for Workers with Disabilities	250	HBWD Unit	HBWD Unit

*Except for Illinois Breast & Cervical Cancer, these programs provide limited benefits only and should not be considered active coverage when determining eligibility for other benefits, including other medical programs.

**MMIS is Medical Management Information System. Illinois Cares Rx (formerly SeniorCare) appears under a special eligibility segment; find by RIN. Persons do not appear in PACIS when receiving Illinois Cares Rx only.

WAG 25-03-02 (4)

# in unit	FAMILYCARE/ALL KIDS PREMIUM Children & Adults		ALL KIDS PREMIUM Children only				
	Premium Level 2	Premium Level 3	Premium Level 4	Premium Level 5	Premium Level 6	Premium Level 7	Premium Level 8
1	\$1,734 - 2,600	\$ 2,601 - 3,467	\$ 3,468 - 4,333	\$ 4,334 - 5,200	\$ 5,201 - 6,067	\$6,068 - 6,933	More than \$6,933
2	2,334 - 3,500	3,501 - 4,667	4,668 - 5,833	5,834 - 7,000	7,001 - 8,167	8,168 - 9,333	More than 9,333
3	2,934 - 4,400	4,401 - 5,867	5,868 - 7,333	7,334 - 8,800	8,801 - 10,267	10,268 - 11,733	More than 11,733
4	3,534 - 5,300	5,301 - 7,067	7,068 - 8,833	8,834 - 10,600	10,601 - 12,367	12,368 - 14,133	More than 14,133
5	4,134 - 6,200	6,201 - 8,267	8,268 - 10,333	10,334 - 12,400	12,401 - 14,467	14,468 - 16,533	More than 16,533
6	4,734 - 7,100	7,101 - 9,467	9,468 - 11,833	11,834 - 14,200	14,201 - 16,567	16,568 - 18,933	More than 18,933
7	5,334 - 8,000	8,001 - 10,667	10,668 - 13,333	13,334 - 16,000	16,001 - 18,667	18,668 - 21,333	More than 21,333
8	5,934 - 8,900	8,901 - 11,867	11,868 - 14,833	14,834 - 17,800	17,801 - 20,767	20,768 - 23,733	More than 23,733
9	6,534 - 9,800	9,801 - 13,067	13,068 - 16,333	16,334 - 19,600	19,601 - 22,867	22,868 - 26,133	More than 26,133
10	7,134 - 10,700	10,701 - 14,267	14,268 - 17,833	17,834 - 21,400	21,401 - 24,967	24,968 - 28,533	More than 28,533
Each add'l.	+900 Over 200% but not over 300% FPL	+1,200 Over 300% but not over 400% FPL	+1,500 Over 400% but not over 500% FPL	+1,800 Over 500% but not over 600% FPL	+2,100 Over 600% but not over 700% FPL	+2,400 Over 700% but not over 800% FPL	+2,400 Over 800% FPL

Family Health Plans Premiums and Physician Co-Pays

	Assist	Share	Premium Level 1	Premium Level 2	Premium Level 3	Premium Level 4	Premium Level 5	Premium Level 6	Premium Level 7	Premium Level 8
Co-Pay for Physician Office Visit	\$0 for children; \$2 for adults	\$2	\$5 for children; \$2 for adults	\$10 for children; \$2 for adults	\$15 for children; \$2 for adults	\$20 for children	\$25 for children	\$25 for children	\$25 for children	\$25 for children
Monthly Premium	None	None	\$15 - 1 family member \$25 - 2 family member \$5 each add'l	\$40 per child; \$80 per adult	\$70 per child; \$140 per adult	\$100 per child	\$150 per child	\$200 per child	\$250 per child	\$300 per child
Max Monthly Premium	N/A	N/A	\$40 for 5 or more family members	\$80 for 2 or more children plus \$160 for 2 adults	\$140 for 2 or more children plus \$280 for 2 adults	\$200 for 2 or more children	No cap	No cap	No cap	No cap
Max Co-Payments per Year	N/A	\$100 per family	\$100 per family	\$500 per child	\$750 per child	\$1000 per child	\$5000 per child	\$5000 per child	\$5000 per child	No max

Health Benefits for Workers with Disabilities

HBWD District Office #250			
CMI is less than or = 200% FPL			
1	\$1,733	6	\$4,733
2	2,333	7	5,333
3	2,933	8	5,933
4	3,533	9	6,533
5	4,133	10	7,133
Each additional person:		Add \$600	
Asset limit \$10,000			

Illinois Healthy Women

Illinois Healthy Women Office #190			
CMI is less than or = 200% FPL			
1	\$1,733	6	\$4,733
2	2,333	7	5,333
3	2,933	8	5,933
4	3,533	9	6,533
5	4,133	10	7,133
Each additional person:		Add \$600	