

Illinois Medicaid Screening

The following information is used to determine if we think you might qualify for Medicaid benefits. If your income falls within the Medicaid guidelines for your family size we will ask you to apply for Medicaid before further financial assistance is considered. For more information or to apply for Medicaid, call your local DHS office, or visit abe.illinois.gov.

Applicants over 65, blind, or disabled (AABD program) must also meet a resource limit. Many times, the beneficiary may become a Spenddown case due to lower income standard (100% FPL versus 138%) and the AABD resource limit (\$2000/single; \$3000/couple).

You may obtain a guide to applying for Medicaid from our office staff, or by calling 217-466-4257. Once you receive a Notice of Decision from Medicaid, please provide us a copy so we can finalize your application for financial assistance.

2024 Annual Household Income Limits (before taxes) 138% of Federal Poverty Level

ACA Adults (age 19-64) not yet eligible for Medicare

Household Size*	Maximum Income Level (Per Year)	
	<u>Federal Poverty Level</u>	
	100%	138%
1	\$15,060	\$20,783
2	\$20,440	\$28,207
3	\$25,820	\$35,632
4	\$31,200	\$43,056
5	\$36,580	\$50,480
6	\$41,960	\$57,905
7	\$47,340	\$65,329
8	\$52,720	\$72,754

*For households with more than eight people, add \$5380 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines. Eff. 1/16/24