

**AD-CARE AND
FULL-COVERAGE
QMB MONTHLY
INCOME LIMITS**

| TABLE 1 | | |
|-----------------------------------|-------------------------------|-------------------------------|
| NUMBER IN FISCAL GROUP | Effective 4/1/2010 | Effective 4/1/2011 |
| | All Clients | All Clients |
| 1 | \$903 | \$908 |
| 2 | \$1215 | \$1226 |

Note: Use Table 1 to determine AD-Care (BEM 163) and full-coverage QMB (BEM 165) income eligibility.

**LIMITED-
COVERAGE QMB
(SLM) MONTHLY
INCOME LIMITS**

| TABLE 2 | | |
|-----------------------------------|-------------------------------|-------------------------------|
| NUMBER IN FISCAL GROUP | Effective 4/1/2010 | Effective 4/1/2011 |
| | All Clients | All Clients |
| 1 | \$904-\$1083 | \$908-\$1090 |
| 2 | \$1216-\$1457 | \$1226-\$1472 |

Note: Use Table 2 to determine limited-coverage QMB (SLM) income eligibility (BEM 165).

**ALMB MONTHLY
INCOME LIMITS**

| TABLE 3 | | |
|-----------------------------------|-------------------------------|-------------------------------|
| NUMBER IN FISCAL GROUP | Effective 4/1/2010 | Effective 4/1/2011 |
| | All Clients | All Clients |
| 1 | \$1084-\$1219 | \$1090-\$1226 |
| 2 | \$1458-\$1640 | \$1472-1656 |

Note: Use Table 3 to determine eligibility as Additional Low-Income Medicare Beneficiaries (BEM 165).

**JOINT POLICY
DEVELOPMENT**

Medicaid, Adult Medical Program (AMP), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).