



COLORADO

Department of Health Care
Policy & Financing

MAGI MEDICAID Monthly Maximum Income Guidelines¹ Effective April 1, 2015

Family Size	Parents & Caretaker Relatives 68% Poverty Level ²	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
1	667	1,305	1,393	1,913
2	903	1,766	1,886	2,589
3	1,139	2,227	2,378	3,265
4	1,375	2,688	2,870	3,941
5	1,610	3,149	3,362	4,617
6	1,846	3,610	3,855	5,293
7	2,082	4,071	4,347	5,969
8	2,318	4,532	4,839	6,645
9	2,553	4,994	5,331	7,321
10	2,789	5,455	5,824	7,997

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives or pregnant women and her household.
² To align with federal policy, effective April 1, 2015, the Parents & Caretaker Relative maximum FPL has been changed from 107% to 68% FPL. For more information go to Colorado.gov/HCPF.

