



## AGED, BLIND, AND DISABLED MEDICAID 014

### Table of Standards: Poverty Guidelines

**Supersedes:** ABD014 (04/01/2024)

**Reference:** 20 CFR 416.410 and ARM 37.82.101

**Overview:** Use the following table to determine eligibility for coverage groups that have income eligibility based on poverty guidelines.

#### 2025 Monthly Poverty Guidelines

Household Size	100%	120%	135%	150%	200%	250%
1 person	\$1,304	\$1,565	\$1,761	\$1,956	\$2,608	\$3,261
2 persons	\$1,763	\$2,115	\$2,379	\$2,644	\$3,525	\$4,407

**Effective Date:** 04/01/2025