



## **ACA/FAMILY MEDICAID 006**

### **Table of Standards: Breast & Cervical Cancer Treatment-Income**

**Supersedes:** ACA-FMA 006 (04/01/2025)

**Reference:** ARM 37.82.101 & .701

**Overview:** To qualify for Medicaid coverage under the Montana Breast and Cervical Cancer Treatment Program (MBCCTP), the household's countable gross earned, and unearned income cannot exceed 250 percent of the federal poverty level (FPL) standard.

#### **COMPUTATION:**

The following standards are effective April 1, 2026.

#### **Income Standards for MBCCTP Medicaid (250% FPL)**

<u>Family Size</u>	<u>Monthly Income Standard</u>
1	\$3,325
2	\$4,508
3	\$5,692
4	\$6,875
5	\$8,058
6	\$9,242
7	\$10,425
8	\$11,608
9	\$12,792
10	\$13,975
11	\$15,158
12	\$16,342
13	\$17,525
14	\$18,708

<u>Family Size</u>	<u>Monthly Income Standard</u>
15	\$19,892
16	\$21,075

**Effective Date:** 04/01/2026