

2017 Ohio Medicaid Guidelines

Medicaid offers free health care coverage for families, children under age 19 and pregnant women. Coverage includes doctor visits, hospital care, prescriptions, vision, dental, mental health services and more.

Many Children with Medical Handicaps (CMH) families are required to apply for Medicaid. Families with incomes greater than the guidelines in chart number 2 do not need to apply.

Chart #1

Monthly incomes less than these guidelines MUST apply	
Family Size	Monthly income*
1	\$ 1508
2	\$ 2030
3	\$ 2553
4	\$ 3075
5	\$ 3598
6	\$ 4120
7	\$ 4643
8	\$ 5165
9	\$ 5688
10	\$ 6210

Chart #2

Monthly incomes more than the first column, but less than the second column MUST apply if your family does not have private health insurance		
Family Size	Monthly income*	
1	\$ 1508	\$ 2010
2	\$ 2030	\$ 2707
3	\$ 2553	\$ 3403
4	\$ 3075	\$ 4100
5	\$ 3598	\$ 4797
6	\$ 4120	\$ 5493
7	\$ 4643	\$ 6190
8	\$ 5165	\$ 6887
9	\$ 5688	\$ 7583
10	\$ 6210	\$ 8280

*Do not include SSI, child support, VA benefits, Worker's Compensation or grandparent income when looking at the above tables.

**Step-parent income should be included in monthly income calculation.

Step 1: If your **gross** monthly income is lower than the guidelines in chart number 1 you **must** apply for Medicaid before sending your financial application to CMH, even if you have private health insurance. You can apply for Medicaid online at www.Benefits.Ohio.gov or by calling 1-800-324-8680.

Step 2: If your **gross** monthly income is between the guidelines in chart number 2 **AND** your family **does not** have private health insurance, you **must** apply for Medicaid before sending your financial application to CMH.

Step 3: If you applied for Medicaid, send a copy of your approval or denial letter to CMH. If you are denied for "over income" or "having health insurance," often known as creditable insurance, please send a completed CMH Financial Application and current income verifications (pay stubs and first two pages of your most recent federal tax return) to CMH with a copy of your letter.