



COLORADO
 Department of Health Care
 Policy & Financing

MAGI MEDICAID
Monthly Maximum Income Guidelines¹
Effective April 1, 2020

Family Size	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
1	724	1415	1510	2074
2	977	1911	2041	2802
3	1231	2408	2571	3530
4	1485	2904	3101	4258
5	1739	3401	3631	4986
6	1993	3897	4161	5714
7	2247	4394	4691	6442
8	2501	4890	5221	7170
9	2754	5387	5751	7898
10	3008	5884	6282	8626

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.
 Effective 1/1/2020 to 12/31/2020 Tax Filing Thresholds for a Tax Dependent or Child:

- Earned Income \$12,400
- Unearned Income \$1,100

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

