2026 MEDICAID - MEDICARE DESK REFERENCE GUIDE

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Medicaid Numbers

Divestment Penalty Divisor	$262.37 - Per Day
Income Cap	$2,982.00
Individual Resource Allowance	$2,000.00
Monthly Personal Needs Allowance	$75.00
Minimum Community Spouse Resource Allowance	$32,532.00
Maximum Community Spouse Resource Allowance	$162,660.00
Resource Allowance for a Couple (Husband & Wife both reside in facility)	$3,000.00
Monthly Maintenance Needs Allowance	$4,066.50
Maximum Homestead Equity	$752,000.00

Medicare & Social Security Numbers

Medicare Part B Premium	$202.90 – Per Month
Skilled Nursing Facility Co-pay	$217.00 – Per Day
Hospital Stay Deductible, First 60 Days	$1,736.00
Hospital Co-pay, Days 61-90	$434.00 – Per Day
Hospital Co-pay, Days 91-150	$868.00 – Per Day
Part B (Medical) Annual Deductible	$283.00