



Ohio Medicaid Eligibility



Universal Medicaid Requirements

- Ohio resident
- Has a Social Security Number or has applied for one
- U.S. Citizen or meet non-U.S. Citizenship requirements

Covered Children and Families

- **Children:** Children with insurance up to age 19 in families with income up to 156% FPL
- **Pregnant women:** Pregnant mothers up to 200% FPL
- **Children's Health Insurance Plan (CHIP):** Uninsured children up to age 19 in families with income up to 206% FPL
- **Parents/Caretakers:** Families with income up to 90% FPL and a child under age 19

Adults/Group VIII Expansion

- **Adults** ages 19-64 under 138% FPL, who are not eligible for other categories of Medicaid

Aged, Blind, Disabled

- **ABD:** Ohioans 65 or older, visually impaired or with a disability that meets Supplemental Security Income requirements. Incomes less than 75% FPL and assets under \$2,000. May be dual-eligible for Medicare.
- **Medicaid Buy-In for Workers With Disabilities (MBIWD):** Medicaid coverage to employed Ohioans with disabilities between age 16 and 65. Income less than 250% FPL, with less than \$12,382 in assets. Individuals greater than 150% FPL must pay a monthly premium.

OhioRISE

- **Multi-System Youth:** Enrolled in Medicaid, up to age 21. In need of significant behavioral health services, and meet the functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS) assessment.

Other Eligibility Categories

- **Medicare Premium Assistance Program (MPAP):** Provides assistance through Medicaid in paying Medicare Part A or Part B premiums, copayments, coinsurance and deductibles.
- **Presumptive Eligibility, Immigrants, Refugees:** Receive immediate health care services temporarily.
- **Breast and Cervical Cancer Project:** Uninsured women 40-65 years old with incomes 300% FPL or less who are screened for breast and cervical cancer through ODH programs and need treatment are eligible for full Medicaid benefits until treatment is completed.





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Ohio Medicaid Enrollment As of December 2023

Medicaid Category	Enrollment
Covered Families and Children	1,738,035
Group VIII/Expansion	858,400
ABD/MBIWD/Dual	501,214
Medicare Premium Assistance	128,594
Other/Presumptive Eligibility	6,322
Total Enrollment	3,232,565

Source: [ODM Medicaid Demographic and Expenditure Reports](#)

2024 Federal Poverty Level Guidelines

Household Size	75%	90%	138%	156%	200%	206%	250%	300%
1	\$11,295	\$13,554	\$20,782	\$23,493	\$30,120	\$31,023	\$37,650	\$45,180
2	\$15,330	\$18,396	\$28,207	\$31,886	\$40,880	\$42,106	\$51,100	\$61,320
3	\$19,365	\$23,238	\$35,631	\$40,279	\$51,640	\$53,189	\$64,550	\$77,460
4	\$23,400	\$28,080	\$43,056	\$48,672	\$62,400	\$64,272	\$78,000	\$93,600
5	\$27,435	\$32,922	\$50,480	\$57,064	\$73,160	\$75,354	\$91,450	\$109,740
6	\$31,470	\$37,764	\$57,904	\$65,457	\$83,920	\$86,437	\$104,900	\$125,880
7	\$35,505	\$42,606	\$65,329	\$73,850	\$94,680	\$97,520	\$118,350	\$142,020
8	\$39,540	\$47,448	\$72,753	\$82,243	\$105,440	\$108,603	\$131,800	\$158,160

For households with more than 8 persons, add \$5,140 for each additional person. The FPL Guidelines are issued yearly by the U.S. Department of Health and Human Services. They are used to determine the financial eligibility for certain public benefits programs.

