



COLORADO
 Department of Health Care
 Policy & Financing

MAGI MEDICAID Monthly Maximum Income Guidelines¹ Effective April 1, 2024

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	854	1670	1783	2448
2	1159	2266	2419	3322
3	1466	2862	3056	4196
4	1768	3458	3692	5070
5	2073	4055	4329	5945
6	2378	4651	4966	6819
7	2683	5247	5602	7693
8	2988	5844	6239	8567
9	3293	6440	6876	9442
10	3598	7036	7512	10316

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.
 Effective 1/1/2024 to 12/31/2024 Tax Filing Thresholds for a Tax Dependent or Child:

- Earned Income \$14,600
- Unearned Income \$1,300

Our mission is improving health care equity, access and outcomes for the people we serve
 while saving Coloradans money on health care and driving value for Colorado.
hcpf.colorado.gov

