



COLORADO
 Department of Health Care
 Policy & Financing

MAGI MEDICAID Monthly Maximum Income Guidelines¹ Effective April 1, 2022

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	771	1507	1609	2209
2	1038	2030	2167	2976
3	1306	2553	2726	3743
4	1573	3076	3284	4510
5	1840	3599	3843	5277
6	2108	4122	4401	6044
7	2375	4646	4960	6811
8	2643	5167	5518	7578
9	2910	5692	6077	8345
10	3178	6215	6635	9112

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.
 Effective 1/1/2022 to 12/31/2022 Tax Filing Thresholds for a Tax Dependent or Child:

- Earned Income \$12,950
- Unearned Income \$1,150

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

