

2025 Ohio Medicaid Guidelines

Medicaid offers free healthcare coverage for families, children under age 19, and pregnant women. Coverage includes doctor visits, hospital care, prescriptions, vision, dental, mental health services, and more.

The Complex Medical Help Program (CMH) requires participating families to file an application for Medicaid if their monthly income is within the guidelines listed below. Families with incomes greater than the guidelines in Chart # 2 do not need to apply.

Chart #1

Families with monthly incomes lower than these guidelines MUST apply.	
Family Size	Monthly Income*
1	\$1,956
2	\$2,644
3	\$3,331
4	\$4,019
5	\$4,706
6	\$5,394
7	\$6,081
8	\$6,769
9	\$7,456
10	\$8,144

Chart #2

Families with monthly incomes higher than the amount in the first column, but lower than the amount in the second column MUST apply if they do not have private health insurance		
Family Size	Monthly Income*	
1	\$1,956	\$2,608
2	\$2,644	\$3,525
3	\$3,331	\$4,442
4	\$4,019	\$5,358
5	\$4,706	\$6,275
6	\$5,394	\$7,192
7	\$6,081	\$8,108
8	\$6,769	\$9,025
9	\$7,456	\$9,942
10	\$8,144	\$10,858

*Do not include SSI, child support, VA benefits, worker's compensation, or grandparent income when calculating monthly income.

**Stepparent income should be included in monthly income calculation.

Step 1: If your **gross** monthly income is lower than the guidelines in Chart #1 you must apply for Medicaid even if you have private health insurance. Applications for Medicaid can be made online at www.Benefits.Ohio.gov or by calling 800-324-8680.

Step 2: If your **gross** monthly income is between the guidelines in Chart #2 **AND** your family **does not** have private health insurance, you **must** apply for Medicaid before sending your financial application to CMH.

Step 3: Send a copy of your approval or denial letter to CMH. If you are denied for "over income" or "having health insurance," often known as creditable insurance, please send a completed CMH Financial Application and current income verifications (pay stubs, first two pages of your most recent federal tax return, and IRS Schedule 1) to CMH with the copy of your letter.