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## Federal Poverty Level (FPL)

The Department of Health and Human Services (HHS) issues these Federal Poverty Levels each year. They are used to determine your eligibility for certain programs and benefits.

The 2025 FPL is used to calculate eligibility for Medicaid and the Kentucky Children's Health Insurance Program (KCHIP).

The 2025 FPL is also used to calculate the Advance Premium Tax Credit for Qualified Health Plans for Plan Year 2026

2025 Medicaid Table (April 2025 ongoing)										
Household Size	Baseline FPL		Eligible for MAGI Medicaid		Children (Under 19 Years Old) and Pregnant Women Eligible for Medicaid (Five Year Bar Does Not Apply for Lawfully Present Children or Pregnant Immigrants)					
	100%		138%*		147%*		200%*		218%**	
	Monthly	Yearly	Monthly	Yearly	Monthly	147%	Monthly	200%	Monthly	218%
1	1,305	15,660	1,800	21,600	1,918	23,016	2,609	31,308	2,844	34,128
2	1,763	21,156	2,433	29,196	2,591	31,092	3,525	42,300	3,843	46,116
3	2,221	26,652	3,065	36,780	3,265	39,180	4,442	53,304	4,842	58,104
4	2,680	32,160	3,698	44,376	3,939	47,268	5,359	64,308	5,841	70,092
5	3,138	37,656	4,330	51,960	4,613	55,356	6,275	75,300	6,840	82,080
6	3,596	43,152	4,963	59,556	5,286	63,432	7,192	86,304	7,839	94,068
7	4,055	48,660	5,595	67,140	5,960	71,520	8,109	97,308	8,839	106,068
8	4,513	54,156	6,228	74,736	6,634	79,608	9,025	108,300	9,838	118,056
Each Additional	459	5,508	633	7,596	674	8,088	917	11,004	1,000	12,000

QHP/APTC Table (January through December 2026)														
Household Size	Baseline FPL		SILVER											
	100%		Eligible for QHP with APTC and Cost Sharing Level "94" > 138% - 150%		Eligible for QHP with APTC and Cost Sharing Level "87" >150% - 200%		Eligible for QHP with APTC and Cost Sharing Level "73" >200% - 250%		Eligible for QHP with APTC No Cost Sharing >250% - (no upper income limit)		300%***		400%***	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	1,305	15,660	1,957	23,490	2,610	31,320	3,262	39,150	3,915	46,980	5,220	62,640		
2	1,763	21,156	2,644	31,734	3,526	42,312	4,408	52,890	5,289	63,468	7,052	84,624		
3	2,221	26,652	3,331	39,978	4,442	53,304	5,553	66,630	6,663	79,956	8,884	106,608		
4	2,680	32,160	4,020	48,240	5,360	64,320	6,700	80,400	8,040	96,480	10,720	128,640		
5	3,138	37,656	4,707	56,484	6,276	75,130	7,845	94,140	9,414	112,968	12,552	150,624		
6	3,596	43,152	5,394	64,728	7,192	86,304	8,990	107,880	10,788	129,456	14,384	172,608		
7	4,055	48,660	6,082	72,990	8,110	97,320	10,138	121,650	12,165	145,980	16,220	194,640		
8	4,513	54,156	6,769	81,234	9,026	108,312	11,283	135,390	13,539	162,468	18,052	216,624		
9	4,972	59,664	7,458	89,496	9,944	119,328	12,430	149,160	14,916	178,992	19,888	238,656		
10	5,431	65,172	8,146	97,758	10,862	130,344	13,578	162,930	16,293	195,516	21,724	260,688		

### NOTES:

\*Medicaid table updated March 2025 and is effective April 1, 2025 ongoing

\*\*200 -218% FPL Medicaid for children and pregnant women who are uninsured

\*\*\*QHP/APTC table updated in October 2025 will apply for the entire Plan Year 2026 (effective January through December 2026). Cost sharing is only available when enrolled in a Silver plan (unless American Indian/Alaskan Native).