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kynect.ky.gov or call: 855.459.6328

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 2024 FPL is used to calculate eligibility for Medicaid and the Kentucky Children's Health Insurance Program (KCHIP).

The 2024 FPL is also used to calculate the Advance Premium Tax Credit for Qualified Health Plans for Plan Year 2025

2024 Medicaid Table (April 2024 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	1,255	15,060	1,732	20,784	1,845	22,140	2,510	30,120	2,736	32,832
2	1,704	20,448	2,351	28,212	2,504	30,048	3,407	40,884	3,714	44,568
3	2,152	25,824	2,970	35,640	3,163	37,956	4,304	51,648	4,691	56,292
4	2,600	31,200	3,588	43,056	3,822	45,864	5,200	62,400	5,668	68,016
5	3,049	36,588	4,207	50,484	4,482	53,784	6,097	73,164	6,646	79,752
6	3,497	41,964	4,826	57,912	5,141	61,692	6,994	83,928	7,623	91,476
7	3,945	47,340	5,445	65,340	5,800	69,600	7,890	94,680	8,601	103,212
8	4,394	52,728	6,063	72,756	6,459	77,508	8,787	105,444	9,578	114,936
Each Additional	449	5,388	619	7,428	660	7,920	897	10,764	978	11,736

QHP/APTC Table (January through December 2025)												
Household Size	Baseline FPL		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)			
	100%		150%***		200%***		250%***		300%***		400%***	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	1,255	15,060	1,883	22,596	2,510	30,120	3,138	37,656	3,765	45,180	5,020	60,240
2	1,704	20,448	2,555	30,660	3,407	40,884	4,259	51,108	5,110	61,320	6,814	81,768
3	2,152	25,824	3,228	38,736	4,304	51,648	5,380	64,560	6,455	77,460	8,607	103,284
4	2,600	31,200	3,900	46,800	5,200	62,400	6,500	78,000	7,800	93,600	10,400	124,800
5	3,049	36,588	4,573	54,876	6,097	73,164	7,621	91,452	9,145	109,740	12,194	146,328
6	3,497	41,964	5,245	62,940	6,994	83,928	8,742	104,904	10,490	125,880	13,987	167,844
7	3,945	47,340	5,918	71,016	7,890	94,680	9,863	118,356	11,835	142,020	15,780	189,360
8	4,394	52,728	6,590	79,080	8,787	105,444	10,984	131,808	13,180	158,160	17,574	210,888
9	4,842	58,104	7,263	87,156	9,684	116,208	12,105	145,260	14,525	174,300	19,367	232,404
10	5,290	63,480	7,935	95,220	10,580	126,960	13,225	158,700	15,870	190,440	21,160	253,920

NOTES:

*Medicaid table updated March 2024 and is effective April 1, 2024 ongoing

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

***QHP/APTC table updated in October 2024 will apply for the entire Plan Year 2025 (effective January through December 2025). Cost sharing is only available when enrolled in a Silver plan (unless American Indian/Alaskan Native).