



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 2026 FPL is used to calculate eligibility for Medicaid and the Kentucky Children's Health Insurance Program (KCHIP).

The 2026 FPL is also used to calculate the Advance Premium Tax Credit for Qualified Health Plans for Plan Year 2027

To apply for coverage online:
kynect.ky.gov or call: 855.459.6328

2026 Medicaid Table (April 2026 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	1,330	15,960	1,836	22,032	1,956	23,472	2,660	31,920	2,900	34,800
2	1,804	21,648	2,489	29,868	2,651	31,812	3,607	43,284	3,932	47,184
3	2,277	27,324	3,142	37,704	3,347	40,164	4,554	54,648	4,964	59,568
4	2,750	33,000	3,795	45,540	4,043	48,516	5,500	66,000	5,995	71,940
5	3,224	38,688	4,449	53,388	4,739	56,868	6,447	77,364	7,027	84,324
6	3,697	44,364	5,102	61,224	5,435	65,220	7,394	88,728	8,059	96,708
7	4,170	50,040	5,755	69,060	6,130	73,560	8,340	100,080	9,091	109,092
8	4,644	55,728	6,408	76,896	6,826	81,912	9,287	111,444	10,123	121,476
Each Additional	474	5,688	654	7,848	696	8,352	947	11,364	1,032	12,384

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 2026 and is effective April 1, 2026 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).