



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

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

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 2025)														
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	1,255	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 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 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).