kynect

Together for a better Kentucky

Contact the Agent below for FREE local help!

kynector Name:

Phone Number:

Email:

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 2027)												
			SILVER									
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	1,330	15,960	1,995	23,940	2,660	31,920	3,325	39,900	3,990	47,880	5,320	63,840
2	1,804	21,648	2,705	32,460	3,607	43,284	4,509	54,108	5,410	64,920	7,214	86,568
3	2,277	27,324	3,415	40,980	4,554	54,648	5,692	68,304	6,830	81,960	9,107	109,284
4	2,750	33,000	4,125	49,500	5,500	66,000	6,875	82,500	8,250	99,000	11,000	132,000
5	3,224	38,688	4,835	58,020	6,447	77,364	8,059	96,708	9,670	116,040	12,894	154,728
6	3,697	44,364	5,545	66,540	7,394	88,728	9,242	110,904	11,090	133,080	14,787	177,444
7	4,170	50,040	6,255	75,060	8,340	100,080	10,425	125,100	12,510	150,120	16,680	200,160
8	4,644	55,728	6,965	83,580	9,287	111,444	11,609	139,308	13,930	167,160	18,574	222,888
9	5,117	61,404	7,675	92,100	10,234	122,808	12,792	153,504	15,350	184,200	20,467	245,604
10	5,590	67,080	8,385	100,620	11,180	134,160	13,975	167,700	16,770	201,240	22,360	268,320

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 2026 will apply for the entire Plan Year 2027 (effective January through December 2027). Cost sharing is only available when enrolled in a Silver plan (unless American Indian/Alaskan Native).