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

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 2024)														
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	1,215	14,580	1,823	21,876	2,430	29,160	3,038	36,456	3,645	43,740	4,860	58,320		
2	1,643	19,716	2,465	29,580	3,287	39,444	4,108	49,296	4,930	59,160	6,573	78,876		
3	2,072	24,858	3,108	37,296	4,143	49,716	5,179	62,148	6,215	74,580	8,287	99,444		
4	2,500	30,000	3,750	45,000	5,000	60,000	6,250	75,000	7,500	90,000	10,000	120,000		
5	2,928	35,136	4,390	52,680	5,857	70,284	7,321	87,852	8,785	105,420	11,713	140,556		
6	3,357	40,278	5,035	60,420	6,713	80,556	8,392	100,704	10,070	120,840	13,427	161,124		
7	3,785	45,420	5,678	68,136	7,570	90,840	9,463	113,556	11,355	136,260	15,140	181,680		
8	4,213	50,556	6,320	75,840	8,427	101,124	10,533	126,396	12,640	151,680	16,853	202,236		
9	4,642	55,704	6,963	83,556	9,283	111,396	11,604	139,248	13,925	167,100	18,567	222,804		
10	5,070	60,840	7,605	91,260	10,140	121,680	12,675	152,100	15,210	182,520	20,280	243,360		

NOTES:

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

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

***QHP/APTC table updated in October 2023 will apply for the entire Plan Year 2024 (effective January through December 2024). Cost sharing is only available when enrolled in a Silver plan (unless American Indian/Alaskan Native).