

**FEDERAL POVERTY GUIDELINES - 2024**

**Family Size - MONTHLY GROSS INCOME**

	100%	133%	150%	200%	250%	300%	350%	400%	450%	500%
<b>1</b>	\$1,255	\$1,669	\$1,883	\$2,510	\$3,138	\$3,765	\$4,393	\$5,020	\$5,648	\$6,275
<b>2</b>	\$1,703	\$2,265	\$2,555	\$3,407	\$4,258	\$5,110	\$5,962	\$6,813	\$7,665	\$8,517
<b>3</b>	\$2,152	\$2,862	\$3,228	\$4,303	\$5,379	\$6,455	\$7,531	\$8,607	\$9,683	\$10,758
<b>4</b>	\$2,600	\$3,458	\$3,900	\$5,200	\$6,500	\$7,800	\$9,100	\$10,400	\$11,700	\$13,000
<b>5</b>	\$3,048	\$4,054	\$4,573	\$6,097	\$7,621	\$9,145	\$10,669	\$12,193	\$13,718	\$15,242
<b>6</b>	\$3,497	\$4,651	\$5,245	\$6,993	\$8,742	\$10,490	\$12,238	\$13,987	\$15,735	\$17,483
<b>7</b>	\$3,945	\$5,247	\$5,918	\$7,890	\$9,863	\$11,835	\$13,808	\$15,780	\$17,753	\$19,725
<b>8</b>	\$4,393	\$5,843	\$6,590	\$8,787	\$10,983	\$13,180	\$15,377	\$17,573	\$19,770	\$21,967

**Children Services Only**

	100%	133%	150%	200%	250%	300%	350%	400%	450%	500%
<b>Co-Pay (Outpatient, hospital, subacute)</b>	0	0	0	10%	15%	20%	35%	50%	65%	80%

Cost share may apply for services other than outpatient mental health or subacute. Cost share is Gross Income minus 150% FPL minus \$100 divided by 2.