

Federal Poverty Level 2020

Family	94% COST SHARE	94% COST SHARE	87% COST SHARE	73% COST SHARE	NO COST SHARE	NO COST SHARE	400% AND ABOVE NO COST SHARE NO SUBSIDY
% of your income you pay****	YOU PAY 2.06-3.09%	YOU PAY 3.09 - 4.12%	YOU PAY 4.12-6.49%	YOU PAY 4.12-6.49%	YOU PAY 8.29-9.78%	YOU PAY 9.78%	CONSIDER SHORT TERM + ENROLL 1ST
Size	100** to 150%	138%***	151-200%	201-250%	250-300%	301-400%	400%
1	\$ 12,490	\$ 17,236	\$ 18,735	\$ 24,980	\$ 31,225	\$ 37,470	\$ 49,960
2	\$ 16,910	\$ 23,336	\$ 25,365	\$ 33,820	\$ 42,275	\$ 50,730	\$ 67,640
3	\$ 21,330	\$ 29,435	\$ 31,995	\$ 42,660	\$ 53,325	\$ 63,990	\$ 85,320
4	\$ 25,750	\$ 35,535	\$ 38,625	\$ 51,500	\$ 64,375	\$ 77,250	\$ 103,000
5	\$ 30,170	\$ 41,635	\$ 45,255	\$ 60,340	\$ 75,425	\$ 90,510	\$ 120,680
6	\$ 34,590	\$ 47,734	\$ 51,885	\$ 69,180	\$ 86,475	\$ 103,770	\$ 138,360
7	\$ 39,010	\$ 53,834	\$ 58,515	\$ 78,020	\$ 97,525	\$ 117,030	\$ 156,040
8	\$ 43,430	\$ 59,933	\$ 65,145	\$ 86,860	\$ 108,575	\$ 130,290	\$ 173,720

**100% AND BELOW = MEDICAID ELIGIBILITY ON FEDERAL EXCHANGE

***138% AND BELOW = MEDICAID ELIGIBILITY ON STATE EXCHANGE

****percentage of your income you pay toward a second lowest-cost Silver Plan in your area

Except Alaska and Hawaii