

Federal Poverty Level 2024

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	\$14,580	\$20,120	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,720	\$27,214	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880
3	\$24,860	\$34,307	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440
4	\$30,000	\$41,400	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000
5	\$35,140	\$48,493	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$55,586	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$62,680	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$69,773	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

**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