2019 Income Levels for Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans

This chart is effective starting November 1, 2019 during Open Enrollment for QHP determinations for QHP coverage starting in 2020. This Chart will remain effective for Medicaid, CHPlus, and Essential Plan until the new 2020 FPLs are released. **Annual Amounts**

FAMILY SIZE	100% POVERTY GUIDELINE	120% POVERTY GUIDELINE	133% POVERTY GUIDELINE	138% POVERTY GUIDELINE	150% POVERTY GUIDELINE	154% POVERTY GUIDELINE	155% POVERTY GUIDELINE	160% POVERTY GUIDELINE	200% POVERTY GUIDELINE	222% POVERTY GUIDELINE	223% POVERTY GUIDELINE	230% POVERTY GUIDELINE	240% POVERTY GUIDELINE	250% POVERTY GUIDELINE	300% POVERTY GUIDELINE	350% POVERTY GUIDELINE	400% POVERTY GUIDELINE
2	16,910	20,292	22,491	23,336	25,365	26,042	26,211	27,056	33,820	37,541	37,710	38,893	40,584	42,275	50,730	59,185	67,640
3	21,330	25,596	28,369	29,436	31,995	32,849	33,062	34,128	42,660	47,353	47,566	49,059	51,192	53,325	63,990	74,655	85,320
4	25,750	30,900	34,248	35,535	38,625	39,655	39,913	<mark>41,200</mark>	51,500	57,165	57,423	59,225	<mark>61,800</mark>	64,375	77,250	90,125	103,000
5	30,170	36,204	40,127	<mark>41,63</mark> 5	45,255	46,462	46,764	48,272	60,340	66,978	67,280	<mark>69,391</mark>	72,408	75,425	90,510	105,595	120,680
6	34,590	41,508	46,005	47,735	51,885	53,269	53,615	55,344	69,180	76,790	77,136	79,557	83,016	86,475	103,770	121,065	138,360
7	39,010	46,812	51,884	53,834	58,515	60,076	60,466	62,416	78,020	86,603	86,993	89,723	93,624	97,525	117,030	136,535	156,040
8	43,430	52,116	57,762	59.934	65,145	66,883	67,317	69,488	86,860	96,415	96,849	99,889	104,232	108,575	130,290	152,005	173,720
Extra Person	4,420	5,304	5,879	6,100	6,630	6,807	6,851	7,072	8,840	9,813	9,857	10,166	10,608	11,050	13,260	15,470	17,680

Income Requirements:

Essential Plan

EP1: >150% <200%

EP 2: >138% < 150% FPL

EP 3: 100% < 138% FPL (Ineligible for Medicaid)

EP 4: Below 100% FPL (Ineligible for Medicaid)

QHP/APTC/CSR

QHP with APTC & CSR: 200% FPL to 250% FPL QHP with APTC: 200% FPL to 400% FPL QHP Full Pay: No Income Requirements

Monthly Amounts

	100%	120%	133%	138%	150%	154%	155%	160%	200%	222%	223%	230%	240%	250%	300%	350%	400%
FAMILY SIZE	POVERTY GUIDELINE																
1	1,041	1,249	1,385	1,437	1,562	1,603	1,614	1,665	2,082	2,311	2,322	2,394	2,498	2,603	3,123	3,643	4,164
2	1,410	1,691	1,875	1,945	2,114	2,171	<mark>2,18</mark> 5	2,254	2,819	3,129	3,143	3,242	3,382	3,523	4,228	4,933	5,637
3	1,778	2,133	2,365	2,453	2,667	2,738	2,756	2,843	3,555	3,947	3,964	4,089	4,266	4,444	5,333	6,222	7,110
4	2,146	2,575	2,854	2,962	3,219	3,305	3,327	3,433	4,292	4,764	4,786	4,936	5,150	5,365	6,438	7,511	8,584
5	2,515	3,017	3,344	3,470	3,772	3,872	3,897	4,022	5,029	5,582	5,607	5,783	6,034	6,286	7,543	8,800	10,057
6	2,883	3,459	<mark>3,8</mark> 34	3,978	4,324	4,440	4,468	4,611	5,765	6,400	6,428	6,630	6,918	7,207	8,648	10,089	11, 530
7	3,251	3,901	4,324	4,487	4,877	5,007	5,039	5,201	6,502	7,217	7,250	7,477	7,802	8,128	9,753	11,378	13,004
8	3,620	4,343	4,814	4 <mark>,</mark> 995	5,429	5,574	5,610	5,790	7,239	8,035	8,071	8,325	8,686	9,048	10,85 <mark>8</mark>	12,668	14,477
Extra Person	369	442	490	509	553	568	571	589	737	818	822	848	884	921	1,105	1,290	1,474

Income Requirements:

Medicaid

Adults: Up to 138% FPL Children Age 1 through 18: Up to 154% FPL

19 – 20-Year-Old Children Living with Parent: Up to 155% FPL

Pregnant Women and Children Under Age 1: Up to 223% FPL

Child Health Plus

Free CHPlus: Less than 160% FPL \$9 Premium: ≥160% FPL to 222% FPL \$15 Premium: >222% FPL to 250% FPL \$30 Premium: >250% FPL to 300% FPL \$45 Premium: >300% FPL to 350% FPL \$60 Premium: >350% FPL to 400% FPL