

2018 FPL Income Levels for Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plan



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	250% POVERTY GUIDELINE	300% POVERTY GUIDELINE	350% POVERTY GUIDELINE	400% POVERTY GUIDELINE
1	12,140	14,568	16,147	16,754	18,210	18,696	18,817	19,424	24,280	26,951	27,073	27,922	30,350	36,420	42,490	48,560
2	16,460	19,752	21,892	22,715	24,690	25,349	25,513	26,336	32,920	36,542	36,706	37,858	41,150	49,380	57,610	65,840
3	20,780	24,936	27,638	28,677	31,170	32,002	32,209	33,248	41,560	46,132	46,340	47,794	51,950	62,340	72,730	83,120
4	25,100	30,120	33,383	34,638	37,650	38,654	38,905	40,160	50,200	55,722	55,973	57,730	62,750	75,300	87,850	100,400
5	29,420	35,304	39,129	40,600	44,130	45,307	45,601	47,072	58,840	65,313	65,607	67,666	73,550	88,260	102,970	117,680
6	33,740	40,488	44,875	46,562	50,610	51,960	52,297	53,984	67,480	74,903	75,241	77,602	84,350	101,220	118,090	134,960
7	38,060	45,672	50,620	52,523	57,090	58,613	58,993	60,896	76,120	84,494	84,874	87,538	95,150	114,180	133,210	152,240
8	42,380	50,856	56,366	58,485	63,570	65,266	65,689	67,808	84,760	94,084	94,508	97,474	105,950	127,140	148,330	169,520
Extra Person	4,320	5,184	5,746	5,962	6,480	6,653	6,696	6,912	8,640	9,591	9,634	9,936	10,800	12,960	15,120	17,280

Income Requirements

Essential Plan	QHP/APTC/CSR
EP 1: >150% < 200% FPL	QHP with APTC & CSR - 200% FPL to 250% FPL
EP 2: >138% < 150% FPL	QHP with APTC - 200% FPL to 400% FPL
EP 3: 100% < 138% FPL (Ineligible for Medicaid)	QHP Full Pay - No Income Requirements
EP 4: Below 100% FPL (Ineligible for Medicaid)	

Monthly Amounts

FAMILY	100% POVERTY	120% POVERTY	133% POVERTY	138% POVERTY	150% POVERTY	154% POVERTY	155% POVERTY	160% POVERTY	200% POVERTY	222% POVERTY	223% POVERTY	230% POVERTY	250% POVERTY	300% POVERTY	350% POVERTY	400% POVERTY
1	1,012	1,214	1,346	1,397	1,518	1,558	1,569	1,619	2,024	2,246	2,257	2,327	2,530	3,035	3,541	4,047
2	1,372	1,646	1,825	1,893	2,058	2,113	2,127	2,195	2,744	3,046	3,059	3,155	3,430	4,115	4,801	5,487
3	1,732	2,078	2,304	2,390	2,598	2,667	2,685	2,771	3,464	3,845	3,862	3,983	4,330	5,195	6,061	6,927
4	2,092	2,510	2,782	2,887	3,138	3,222	3,243	3,347	4,184	4,644	4,665	4,811	5,230	6,275	7,321	8,367
5	2,452	2,942	3,261	3,384	3,678	3,776	3,801	3,923	4,904	5,443	5,468	5,639	6,130	7,355	8,581	9,807
6	2,812	3,374	3,740	3,881	4,218	4,330	4,359	4,499	5,624	6,242	6,271	6,467	7,030	8,435	9,841	11,247
7	3,172	3,806	4,219	4,377	4,758	4,885	4,917	5,075	6,344	7,042	7,073	7,295	7,930	9,515	11,101	12,687
8	3,532	4,238	4,698	4,874	5,298	5,439	5,475	5,651	7,064	7,841	7,876	8,123	8,830	10,595	12,361	14,127
Extra Person	360	432	479	497	540	555	558	576	720	800	803	828	900	1,080	1,260	1,440

Income Requirements

Medicaid	Child Health Plus
Adults – Up to 138% FPL	Free CHPlus – Less than 160% FPL
Children Age 1 through 18 – Up to 154% FPL	\$9 Premium – ≥160% FPL to 222% FPL
Pregnant Women and Children Under Age 1 – Up to 223% FPL	\$15 Premium – >222% FPL to 250% FPL
19 – 20 Year Old Children Living with Parent – Up to 155% FPL	\$30 Premium – >250% FPL to 300% FPL
	\$45 Premium – >300% FPL to 350% FPL
	\$60 Premium – >350% FPL to 400% FPL