



**Volunteer Health Care Provider Program
2019 Federal Poverty Guidelines**

Family Size	Annual				Monthly	
	200%				200%	
1	\$24,980				\$2,082	
2	\$33,820				\$2,818	
3	\$42,660				\$3,555	
4	\$51,500				\$4,292	
5	\$60,340				\$5,028	
6	\$69,180				\$5,765	
7	\$78,020				\$6,502	
8	\$86,860				\$7,238	
9	\$95,700				\$7,975	
10	\$104,540				\$8,712	
For each additional person over the family size of 10, add						
	\$4,420	\$8,840	\$737	\$553	\$460	\$368

SOURCE: Federal Register: January 11, 2019
New Levels go into effect as of January 11, 2019

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