



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

Family Size	Annual	Annual	Monthly	Monthly	Monthly	Monthly
	100%	200%	200%	150%	125%	100%
1	\$12,490	\$24,980	\$2,082	\$1,561	\$1,301	\$1,041
2	\$16,910	\$33,820	\$2,818	\$2,114	\$1,761	\$1,409
3	\$21,330	\$42,660	\$3,555	\$2,666	\$2,222	\$1,778
4	\$25,750	\$51,500	\$4,292	\$3,219	\$2,682	\$2,146
5	\$30,170	\$60,340	\$5,028	\$3,771	\$3,143	\$2,514
6	\$34,590	\$69,180	\$5,765	\$4,324	\$3,603	\$2,883
7	\$39,010	\$78,020	\$6,502	\$4,876	\$4,064	\$3,251
8	\$43,430	\$86,860	\$7,238	\$5,429	\$4,524	\$3,619
9	\$47,850	\$95,700	\$7,975	\$5,981	\$4,984	\$3,988
10	\$52,270	\$104,540	\$8,712	\$6,534	\$5,445	\$4,356
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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