



**Volunteer Health Care Provider Program
2020 Federal Poverty Guidelines**

Family Size	Annual	Annual	Monthly	Monthly	Monthly	Monthly
	100%	200%	200%	150%	125%	100%
1	\$12,760	\$25,520	\$2,127	\$1,595	\$1,329	\$1,063
2	\$17,240	\$34,480	\$2,873	\$2,155	\$1,796	\$1,437
3	\$21,720	\$43,440	\$3,620	\$2,715	\$2,263	\$1,810
4	\$26,200	\$52,400	\$4,367	\$3,275	\$2,729	\$2,183
5	\$30,680	\$61,360	\$5,113	\$3,835	\$3,196	\$2,557
6	\$35,160	\$70,320	\$5,860	\$4,395	\$3,663	\$2,930
7	\$39,640	\$79,280	\$6,607	\$4,955	\$4,129	\$3,303
8	\$44,120	\$88,240	\$7,353	\$5,515	\$4,596	\$3,677
9	\$48,600	\$97,200	\$8,100	\$6,075	\$5,063	\$4,050
10	\$53,080	\$106,160	\$8,847	\$6,635	\$5,529	\$4,423
For each additional person over the family size of 10, add						
	\$4,480	\$8,960	\$747	\$560	\$467	\$373

SOURCE: Federal Register: January 15, 2020
New Levels go into effect as of January 15, 2020

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