



Volunteer Health Care Provider Program 2021 Federal Poverty Guidelines

Family Size	Annual	Annual	Monthly	Monthly	Monthly	Monthly
	100%	200%	200%	150%	125%	100%
1	\$12,880	\$25,760	\$2,147	\$1,610	\$1,342	\$1,073
2	\$17,420	\$34,840	\$2,903	\$2,178	\$1,815	\$1,452
3	\$21,960	\$43,920	\$3,660	\$2,745	\$2,288	\$1,830
4	\$26,500	\$53,000	\$4,417	\$3,313	\$2,760	\$2,208
5	\$31,040	\$62,080	\$5,173	\$3,880	\$3,233	\$2,587
6	\$35,580	\$71,160	\$5,930	\$4,448	\$3,706	\$2,965
7	\$40,120	\$80,240	\$6,687	\$5,015	\$4,179	\$3,343
8	\$44,660	\$89,320	\$7,443	\$5,583	\$4,652	\$3,722
9	\$49,200	\$98,400	\$8,200	\$6,150	\$5,125	\$4,100
10	\$53,740	\$107,480	\$8,957	\$6,718	\$5,598	\$4,478
For each additional person over the family size of 10, add						
	\$4,540	\$9,080	\$757	\$568	\$473	\$378

SOURCE: Federal Register: January 19, 2021
New Levels go into effect as of January 19, 2021

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