



**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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