



Volunteer Health Care Provider Program 2025 Federal Poverty Guidelines

Family Size	Annual	Annual	Monthly	Monthly	Monthly	Monthly
	100%	200%	200%	150%	125%	100%
1	\$15,650	\$31,300	\$2,608	\$1,956	\$1,630	\$1,304
2	\$21,150	\$42,300	\$3,525	\$2,644	\$2,203	\$1,763
3	\$26,650	\$53,300	\$4,442	\$3,331	\$2,776	\$2,221
4	\$32,150	\$64,300	\$5,358	\$4,019	\$3,349	\$2,679
5	\$37,650	\$75,300	\$6,275	\$4,706	\$3,922	\$3,138
6	\$43,150	\$86,300	\$7,192	\$5,394	\$4,495	\$3,596
7	\$48,650	\$97,300	\$8,108	\$6,081	\$5,068	\$4,054
8	\$54,150	\$108,300	\$9,025	\$6,769	\$5,641	\$4,513
9	\$59,650	\$119,300	\$9,942	\$7,456	\$6,214	\$4,971
10	\$65,150	\$130,300	\$10,858	\$8,144	\$6,786	\$5,429
For each additional person over the family size of 10, add						
	\$5,500	\$11,000	\$917	\$688	\$573	\$458

SOURCE: Federal Register: January 27, 2025
New Levels go into effect as of January 27, 2025

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