

- amily	Annual	Monthly	Monthly	Monthly	Monthly	Monthly
Size	100%	300%	200%	150%	125%	100%
1	\$15,650	\$3,912	\$2,608	\$1,956	\$1,630	\$1,304
2	\$21,150	\$5,287	\$3,525	\$2,644	\$2,203	\$1,763
3	\$26,650	\$6,662	\$4,442	\$3,331	\$2,776	\$2,221
4	\$32,150	\$8,037	\$5,358	\$4,019	\$3,349	\$2,679
5	\$37,650	\$9,412	\$6,275	\$4,706	\$3,922	\$3,138
6	\$43,150	\$10,787	\$7,192	\$5,394	\$4,495	\$3,596
7	\$48,650	\$12,162	\$8,108	\$6,081	\$5,068	\$4,054
8	\$54,150	\$13,537	\$9,025	\$6,769	\$5,641	\$4,513
9	\$59,650	\$14,912	\$9,942	\$7,456	\$6,214	\$4,971
10	\$65,150	\$16,287	\$10,858	\$8,144	\$6,786	\$5,429
For each additional person over the family	¢5 500	¢4 075	¢047	¢600	¢ε72	¢450
size of 10, add	\$5,500	\$1,375	\$917	\$688	\$573	\$458
New Levels g Compiled by: Christopher F Supervisor, V Health Resou Bureau of Co		as of Januar Ith Services sess Section Ith Assessm	y 27, 2025 ient			