



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

Family Size	Annual	Monthly
	200%	200%
1	\$25,520	\$2,127
2	\$34,480	\$2,873
3	\$43,440	\$3,620
4	\$52,400	\$4,367
5	\$61,360	\$5,113
6	\$70,320	\$5,860
7	\$79,280	\$6,607
8	\$88,240	\$7,353
9	\$97,200	\$8,100
10	\$106,160	\$8,847
For each additional person over the family size of 10, add		
	\$8,960	\$747

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

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