



## **NEW: 2025 FEDERAL POVERTY GUIDELINES**

### FOR PREMIUM TAX CREDIT (SUBSIDY)

Tax Credits can help lower your cost of your health insurance.

To qualify for a tax credit your income must be in between 100% to 400% of the Federal Poverty Level.

Family Size	100%	138%	150%	200%	250%	300%	400%	600%
1	\$15,060	\$20,783	\$22,590	\$30,120	\$37,650	\$45,180	\$60,240	\$90,360
2	\$20,440	\$28,207	\$30,660	\$40,880	\$51,100	\$61,320	\$81,760	\$122,640
3	\$25,820	\$35,632	\$38,730	\$51,640	\$64,550	\$77,460	\$103,280	\$154,920
4	\$31,200	\$43,056	\$46,800	\$62,400	\$78,000	\$93,600	\$124,800	\$187,200
5	\$36,580	\$50,480	\$54,870	\$73,160	\$91,450	\$109,740	\$146,320	\$219,480
6	\$41,960	\$57,905	\$62,940	\$83,920	\$104,900	\$125,880	\$167,840	\$251,760
7	\$47,340	\$65,329	\$71,010	\$94,680	\$118,350	\$142,020	\$189,360	\$284,040
8	\$52,720	\$72,754	\$79,080	\$105,440	\$131,800	\$158,160	\$210,880	\$316,320

\*Source: Department of Health and Human Services



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1	\$14,580	\$20,120	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,720	\$27,214	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880
3	\$24,860	\$34,307	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440
4	\$30,000	\$41,400	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000
5	\$35,140	\$48,493	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$55,586	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$62,680	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$69,773	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

\*Source: Department of Health and Human Services



## **DO YOU QUALIFY FOR FINANCIAL ASSISTANCE?**



You may qualify if you are an individual with an income under:

**\$37,650**



You may qualify if you are a couple with an income under:

**\$51,100**



You may qualify if you are a family of three with an income under:

**\$64,550**



You may qualify if you are a family of four with an income under:

**\$78,000**



## **NEW: 2025 GUÍA FEDERAL DE POBREZA PARA EL SUBSIDIO DEL GOBIERNO**

El Subsidio o la ayuda financiera se aplican en la prima mensual bajando el costo de su seguro de salud.

Tamaño de Familia	100%	138%	150%	200%	250%	300%	400%	600%
1	\$15,060	\$20,783	\$22,590	\$30,120	\$37,650	\$45,180	\$60,240	\$90,360
2	\$20,440	\$28,207	\$30,660	\$40,880	\$51,100	\$61,320	\$81,760	\$122,640
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5	\$35,140	\$48,493	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$55,586	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$62,680	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$69,773	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

\*Source: Department of Health and Human Services



## ¿Eres elegible para recibir ayuda financiera?



Podrías ser elegible si eres un individuo con ingresos por debajo de:

**\$37,650**



Podrías ser elegible si junto con tu pareja reciben ingresos por debajo de:

**\$51,100**



Podrías ser elegible si conformas una familia de tres con ingresos por debajo de:

**\$64,550**



Podrías ser elegible si conformas una familia de cuatro con ingresos por debajo de:

**\$78,000**