



Annual Income Levels for the FY 2025-26 Medical Premium Supplement Program

*Levels are based upon the 2024 U.S. Department of Health & Human Services Poverty Guidelines**

Annual income is for the **entire household**, not just the employee.

Number of persons in family or household	200% (A group)		250% (B group)		300% (C group)	
	Minimum Annual Income 200% (A group)	Maximum Annual Income 200% (A group)	Minimum Annual Income 250% (B group)	Maximum Annual Income 250% (B group)	Minimum Annual Income 300% (C group)	Maximum Annual Income 300% (C group)
2	\$ 0.00	\$ 40,880.00	\$ 40,880.01	\$ 51,100.00	\$ 51,100.01	\$ 61,320.00
3	\$ 0.00	\$ 51,640.00	\$ 51,640.01	\$ 64,550.00	\$ 64,550.01	\$ 77,460.00
4	\$ 0.00	\$ 62,400.00	\$ 62,400.01	\$ 78,000.00	\$ 78,000.01	\$ 93,600.00
5	\$ 0.00	\$ 73,160.00	\$ 73,160.01	\$ 91,450.00	\$ 91,450.01	\$ 109,740.00
6	\$ 0.00	\$ 83,920.00	\$ 83,920.01	\$ 104,900.00	\$ 104,900.01	\$ 125,880.00
7	\$ 0.00	\$ 94,680.00	\$ 94,680.01	\$ 118,350.00	\$ 118,350.01	\$ 142,020.00
8	\$ 0.00	\$ 105,440.00	\$ 105,440.01	\$ 131,800.00	\$ 131,800.01	\$ 158,160.00
9	\$ 0.00	\$ 116,200.00	\$ 116,200.01	\$ 145,250.00	\$ 145,250.01	\$ 174,300.00
10	\$ 0.00	\$ 126,960.00	\$ 126,960.01	\$ 158,700.00	\$ 158,700.01	\$ 190,440.00
11	\$ 0.00	\$ 137,720.00	\$ 137,720.01	\$ 172,150.00	\$ 172,150.01	\$ 206,580.00
12	\$ 0.00	\$ 148,480.00	\$ 148,480.01	\$ 185,600.00	\$ 185,600.01	\$ 222,720.00
13	\$ 0.00	\$ 159,240.00	\$ 159,240.01	\$ 199,050.00	\$ 199,050.01	\$ 238,860.00

*For families/households with more than 13 persons, add \$10,760 for each additional person.