

2020 Income and Discount Eligibility Tables (5 levels)

Annual Maximum Income					
Household Size	FPL 0-100%	FPL 101-150%	FPL 151-175%	FPL 176-200%	FPL >200%
1	\$12,760	\$19,140	\$22,330	\$25,520	N/A
2	\$17,240	\$25,860	\$30,170	\$34,480	N/A
3	\$21,720	\$32,580	\$38,010	\$43,440	N/A
4	\$26,200	\$39,300	\$45,850	\$52,400	N/A
5	\$30,680	\$46,020	\$53,690	\$61,360	N/A
6	\$35,160	\$52,740	\$61,530	\$70,320	N/A
7	\$39,640	\$59,460	\$69,370	\$79,280	N/A
8	\$44,120	\$66,180	\$77,210	\$88,240	N/A
For each additional person add	\$4,480	\$6,720	\$7,840	\$8,960	N/A

Monthly Maximum Income					
Household Size	FPL 0-100%	FPL 101-150%	FPL 151-175%	FPL 176-200%	FPL >200%
1	\$1,063	\$1,595	\$1,861	\$2,127	N/A
2	\$1,437	\$2,155	\$2,514	\$2,873	N/A
3	\$1,810	\$2,715	\$3,168	\$3,620	N/A
4	\$2,183	\$3,275	\$3,821	\$4,367	N/A
5	\$2,557	\$3,835	\$4,474	\$5,113	N/A
6	\$2,930	\$4,395	\$5,128	\$5,860	N/A
7	\$3,303	\$4,955	\$5,781	\$6,607	N/A
8	\$3,677	\$5,515	\$6,434	\$7,353	N/A
For each additional person add	\$373	\$560	\$653	\$747	N/A

Weekly Maximum Income					
Household Size	FPL 0-100%	FPL 101-150%	FPL 151-175%	FPL 176-200%	FPL >200%
1	\$245	\$368	\$429	\$491	N/A
2	\$332	\$497	\$580	\$663	N/A
3	\$418	\$627	\$731	\$835	N/A
4	\$504	\$756	\$882	\$1,008	N/A
5	\$590	\$885	\$1,033	\$1,180	N/A
6	\$676	\$1,014	\$1,183	\$1,352	N/A
7	\$762	\$1,143	\$1,334	\$1,525	N/A
8	\$848	\$1,273	\$1,485	\$1,697	N/A
For each additional person add	\$86	\$129	\$151	\$172	N/A

Source: Federal Register / Vol. 85, No. 12 / Friday, January 17, 2020 / Notices

<https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines>

Calculated monthly and weekly wages are for determining eligibility for programs or for fee reductions based on family income in the Kansas Statewide Farmworker Program.

The following table provides an example of a sliding fee schedule.

KSFHP SLIDING FEE SCHEDULE					
Services	FPL 0-100%	FPL 101-150%	FPL 151-175%	FPL 176-200%	FPL >200%
Fees for Services at Clinics with a Sliding Fee Scale					
Primary Care and Behavioral Health Office Visit	\$10		\$20	\$25	No voucher coverage