Annual Income Levels for the
FY 2015-16 Medical Premium Supplement Program

*Levels are based upon the 2014 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	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	$ 31,460.00	$ 31,461.00	$ 39,325.00	$ 39,326.00	$ 47,190.00
3	$ 0.00	$ 39,580.00	$ 39,581.00	$ 49,475.00	$ 49,476.00	$ 59,370.00
4	$ 0.00	$ 47,700.00	$ 47,701.00	$ 59,625.00	$ 59,626.00	$ 71,550.00
5	$ 0.00	$ 55,820.00	$ 55,821.00	$ 69,775.00	$ 69,776.00	$ 83,730.00
6	$ 0.00	$ 63,940.00	$ 63,941.00	$ 79,925.00	$ 79,926.00	$ 95,910.00
7	$ 0.00	$ 72,060.00	$ 72,061.00	$ 90,075.00	$ 90,076.00	$ 108,090.00
8	$ 0.00	$ 80,180.00	$ 80,181.00	$ 100,225.00	$ 100,226.00	$ 120,270.00
9	$ 0.00	$ 88,300.00	$ 88,301.00	$ 110,375.00	$ 110,376.00	$ 132,450.00
10	$ 0.00	$ 96,420.00	$ 96,421.00	$ 120,525.00	$ 120,526.00	$ 144,630.00
11	$ 0.00	$ 104,540.00	$ 104,541.00	$ 130,675.00	$ 130,676.00	$ 156,810.00
12	$ 0.00	$ 112,660.00	$ 112,661.00	$ 140,825.00	$ 140,826.00	$ 168,990.00
13	$ 0.00	$ 120,780.00	$ 120,781.00	$ 150,975.00	$ 150,976.00	$ 181,170.00

*For families/households with more than 13 persons, add $4,060 for each additional person.