

**Family Planning Benefit Program
Preliminary Income Eligibility Levels**

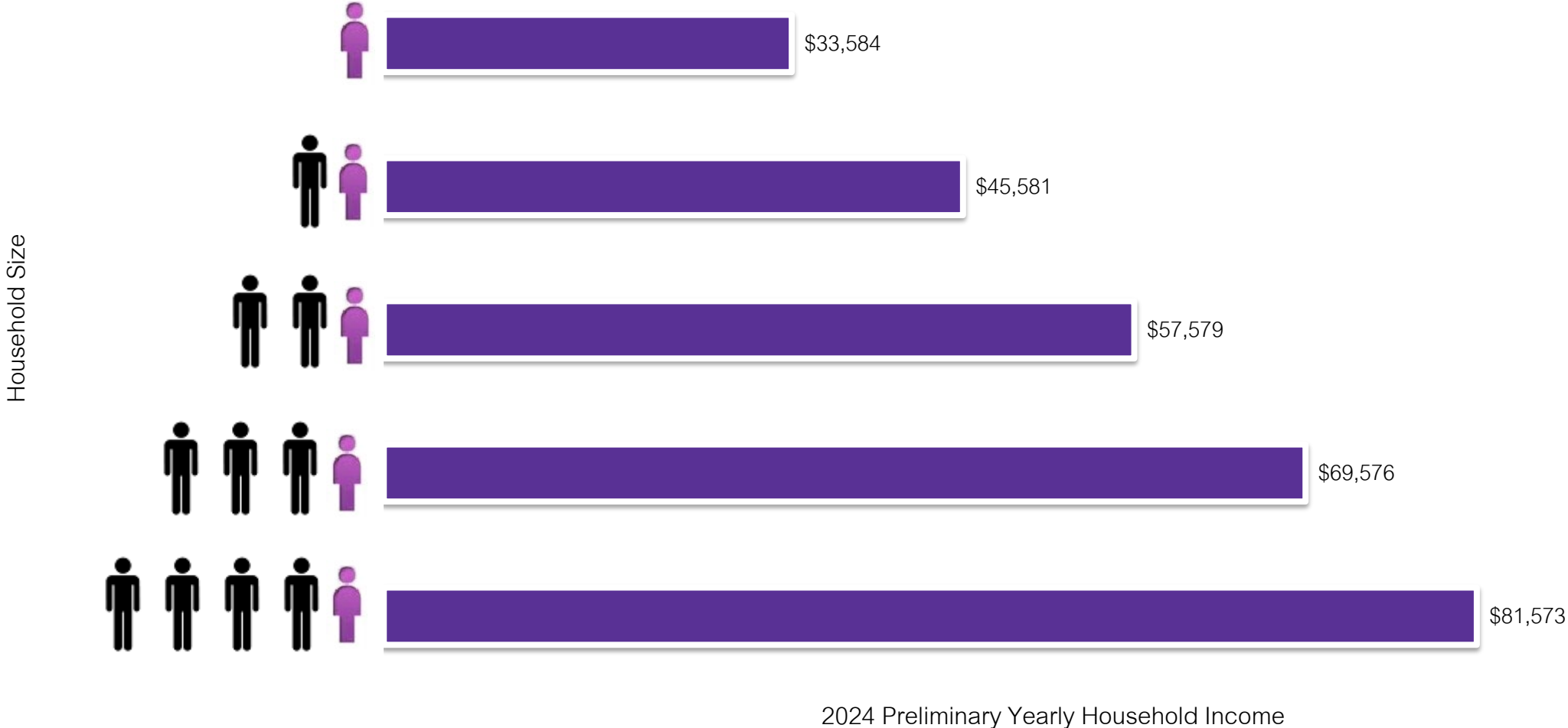
Household Size	Household Income		
	Yearly	Monthly	Weekly
1	\$33,584	\$2,799	\$646
2	\$45,581	\$3,798	\$876
3	\$57,579	\$4,798	\$1,107
4	\$69,576	\$5,798	\$1,338
5	\$81,573	\$6,798	\$1,569
6	\$93,571	\$7,798	\$1,800
7	\$105,568	\$8,797	\$2,030
8	\$117,566	\$9,797	\$2,261
each additional person	\$11,997	\$1,000	\$231

Effective January 2024; subject to annual income updates.

Source: https://www.health.ny.gov/health_care/medicaid/program/longterm/familyplanbenprog.htm

Preliminary

Individuals are eligible for the Family Planning Benefit Program in households earning up to 223% of the Federal Poverty Level



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