

Health:

Expanding Medicaid for A Healthier Texas

September 2026



Top Line

- 1. Medicaid is a major federal-state health insurance program that covers millions of Texans and finances a substantial share of health care for children, pregnant women, older adults, and people with disabilities.**
- 2. Texas has not expanded Medicaid and maintains some of the nation's most restrictive eligibility rules for low-income adults, leaving about 605,000 Texans in a coverage gap and contributing to the state's nation-leading uninsured rate.**
- 3. More than a decade of evidence from expansion states shows that Medicaid expansion increases health coverage and access to care, improves health outcomes, strengthens the economy, and supports rural hospitals.**
- 4. Texas should expand Medicaid through a Texas-specific approach that uses the state's existing health care system, strengthens rural health care, and carefully manages state costs.**

Texas has the highest uninsured rate in the country, and hundreds of thousands of working-age Texans fall into a gap where they earn too much for Medicaid but too little to qualify for the coverage the Affordable Care Act originally envisioned. For Texas leaders, the question is no longer whether expansion would benefit Texas, but whether Texas can adopt a model that improves coverage and health outcomes while carefully managing costs and strengthening the health care system. The evidence supports a Texas-specific Medicaid

expansion that builds on the health care system Texas already operates while addressing rural health care, provider access, and state costs.

CPP Research Analyst Nichole led the research and writing for this paper.

Backup

1. Medicaid is a major federal-state health insurance program that covers millions of Texans and finances a substantial share of health care for children, pregnant women, older adults, and people with disabilities.

a. Medicaid provides health coverage to people with low incomes and other eligible populations.

- Medicaid was created in 1965 and provides health coverage to eligible children, pregnant women, parents and other adults, older adults, and people with disabilities. Every state operates a Medicaid program, although eligibility and benefits vary among states. [1]
- Medicaid differs from Medicare, which is primarily a federal health insurance program for people age 65 and older and certain people with disabilities. Medicaid eligibility generally depends on income and other eligibility categories. [1]

b. Medicaid is jointly funded by the federal government and states but administered by each state.

- The federal government and states share Medicaid costs. The federal government reimburses states for a percentage of eligible Medicaid spending, while states finance the remaining share. [2]
- The federal share varies depending on the population being covered. For adults covered through Medicaid expansion, **the federal government pays 90 percent of benefit costs and states pay 10 percent.** [9]
- Federal law establishes broad program requirements, but each state administers its own Medicaid program and makes many decisions about eligibility, covered services, provider payments, and how care is delivered. [1]
- In Texas, the Health and Human Services Commission, or HHSC, administers Medicaid. Expanding eligibility would therefore extend

coverage through a health insurance program Texas already operates rather than create a new state health care system. [3]

c. The Children’s Health Insurance Program provides a related but separate coverage option for children.

- The Children’s Health Insurance Program, or CHIP, was created in 1997 to cover children in families whose incomes are too high for Medicaid but who may still be unable to afford private coverage. Like Medicaid, CHIP is jointly financed by the federal government and states. [1]
- In Texas, CHIP generally covers eligible children **under age 19** whose family income exceeds the Children’s Medicaid limit but is **no more than 201 percent of the federal poverty level**. [5]

d. Medicaid and CHIP already play a major role in the Texas health care system.

- **About 4.3 million** Texans were receiving Medicaid or CHIP services in June 2024. [3]
- Medicaid or CHIP covers **approximately 51 percent** of Texas children, and Medicaid finances approximately **53 percent of births** in Texas. [3]
- Medicaid also finances a substantial share of long-term care: **approximately 56 percent** of Texas nursing-home residents are covered by Medicaid. [3]

2. Texas has not expanded Medicaid and maintains some of the nation’s most restrictive eligibility rules for low-income adults, leaving about 605,000 Texans in a coverage gap and contributing to the state’s nation-leading uninsured rate.

a. The Affordable Care Act allows states to expand Medicaid coverage to low-income adults.

- The Affordable Care Act allows states to extend Medicaid to most adults **ages 19 to 64** with incomes **up to 138 percent of the federal poverty level**, or about **\$22,025 per year for an individual in 2026**. [6]
- A 2012 U.S. Supreme Court decision effectively made expansion optional. As of 2026, **40 states and the District of Columbia** have adopted Medicaid expansion, while **10 states, including Texas, have not**. [7]

- b. Texas has particularly restrictive Medicaid eligibility rules for low-income adults.
- **Texas has the lowest Medicaid income eligibility threshold for parents in the country.** In 2026, Texas’s published monthly income limit for a family of three is just **\$230 for a one-parent household** and **\$251 for a two-parent household**. (See Appendix 2.) [5][6]
 - Most adults under age 65 without dependent children cannot qualify for Texas Medicaid solely because they have a low income, regardless of how little they earn, unless they qualify through another eligibility pathway such as disability. [6]
- c. Texas’s eligibility rules leave hundreds of thousands of people in the Medicaid coverage gap.
- **Approximately 605,000 Texans** are in the Medicaid coverage gap, meaning they earn too much to qualify for Texas Medicaid but less than 100 percent of the federal poverty level, the point at which Marketplace subsidies generally become available. **Texas accounts for roughly half of the approximately 1.2 million people** in the coverage gap nationwide. [6]
 - Many people in the gap are connected to the workforce. Nationally, **six in 10 adults** in the coverage gap live in a family with a worker, and more than **four in 10** are working themselves. **More than half of workers** in the gap are employed in service, retail, and construction industries. [6]
 - Texas’s low parent eligibility limit means even part-time work can make a parent ineligible for Medicaid without necessarily providing access to affordable employer-sponsored insurance. [6]
- d. Texas continues to have the highest uninsured rate in the country.
- **16.7 percent of Texans** lacked health insurance in 2024, the highest rate of any state and more than twice the national uninsured rate of **8.2 percent**. [8]
 - States that have not expanded Medicaid collectively have uninsured rates of **approximately 14.5 percent**, compared with **8 percent** in expansion states. [6]
 - A large body of research finds that Medicaid expansion is associated with **significant reductions** in uninsurance among adults with low incomes. [9]

3. More than a decade of evidence from expansion states shows that Medicaid expansion increases health coverage and access to care, improves health outcomes, strengthens the economy, and supports rural hospitals.

a. Medicaid expansion substantially increases health coverage and access to care.

- Uninsured adults are **much more likely** to delay or skip medical care because of cost. In 2024, **39 percent of uninsured adults** reported delaying or going without health care or prescription medication because of cost, compared with **17 percent of insured adults**. [6]
- **More than a decade** of research links Medicaid expansion with **lower uninsured rates, greater health care affordability, and improved access to primary, preventive, and other health services**. [9][21]
- North Carolina provides a recent example. **Fewer than 18 months** after expanding Medicaid in December 2023, **650,000 newly eligible residents** had enrolled, including **more than 233,000 rural residents**. Enrollees had filled more than **6.1 million** prescriptions and received **\$86 million** in covered dental services. [16]
- Louisiana also experienced substantial coverage gains after expanding Medicaid in 2016. The uninsured rate among adults **fell from 22.7 percent in 2015 to 11.4 percent in 2017**. [17]

b. Medicaid expansion is associated with better health outcomes.

- **Medicaid expansion has been linked to lower death rates.** A 2021 study found that expansion was associated with a **9.4 percent reduction in annual mortality** among near-elderly adults most likely to benefit from expanded eligibility. The reduction was driven largely by fewer disease-related deaths. [28]
- **Medicaid expansion has been associated with earlier cancer diagnosis and improved survival.** A 2026 study of more than 303,000 lung cancer patients found increases in localized-stage diagnosis and three-year survival, while a 2025 study of more than 1.4 million cancer patients found **greater five-year survival gains in rural and high-poverty communities**. [29][31]
- **Medicaid expansion may improve maternal health.** A 2023 *Health Affairs* study found that expansion was associated with **17 percent fewer**

hospitalizations during the first 60 days after childbirth among people whose deliveries were covered by Medicaid. [22]

- **Expansion has also been linked to better control of chronic conditions.** A national study of federally qualified health centers found that over five years, expansion was associated with a **1.61 percentage-point improvement in blood-pressure control among patients with hypertension** and a **1.84 percentage-point improvement in glucose control among patients with diabetes**, compared with health centers in non-expansion states. [30]
- Texas performs poorly on many measures of health care access and health outcomes. The Commonwealth Fund ranked **Texas 50th overall in its 2025 State Health System Performance Scorecard**. [23] *For more on Texas's health outcomes and barriers to care, see the Center for Policy Progress paper, [Fixing Our Broken Health Insurance System](#).*

c. Medicaid expansion can strengthen the Texas economy.

- **Medicaid funding goes to hospitals, doctors, clinics, pharmacies, health care workers, and other businesses.** As those dollars are spent on wages, supplies, and other goods and services, they circulate through the broader economy. The Commonwealth Fund reports that **every dollar invested in Medicaid generates more than one dollar in economic activity**. [20]
- **Medicaid expansion can support jobs and income.** A national analysis found that expansion was associated with **about 3 percent growth** in the health care sector and **1.3 percent growth** in total employment by the fourth year after expansion. A 2025 Montana analysis estimated that expansion **supports 5,600 to 8,000 jobs** and **generates \$350 million to \$560 million** in personal income each year. [25][26]
- **Expansion can also generate additional state and local tax revenue as employment and income grow.** Estimates from Louisiana, Michigan, and Montana found that the additional tax revenue associated with expansion equaled **about 30 to 37 percent** of those states' expansion costs. [25]
- **Expansion can reduce costs states already pay for health care.** Analyses of expansion states have found savings from lower uncompensated care and other state-funded health programs. These savings offset an estimated **14 percent** of expansion costs in Kentucky and **30 percent** in Arkansas. Maryland also reported **\$13.6 million in uncompensated-care**

savings and **\$26.6 million in new revenue** in the first full fiscal year after expansion. [20][25]

- **Texas-specific estimates also point to substantial economic benefits.** A 2020 Perryman Group analysis estimated that expansion would increase Texas gross product by **\$45.3 billion** and personal income by **\$29.4 billion** over the 2022–23 biennium, if the expansion had begun in 2021.[27]

d. Medicaid expansion can strengthen rural hospitals and reduce uncompensated care.

- Texas hospitals provided **at least \$8.1 billion** in uninsured charity care in 2023, and about **\$3.1 billion** remained unreimbursed after supplemental payments. [10]
- Medicaid expansion gives hospitals a payment source for some care that would otherwise go unpaid. Research links expansion with lower uncompensated-care costs, stronger hospital finances, and fewer hospital closures. [18]
- Texas recorded **27 rural-hospital closures** in 23 communities between January 2010 and June 2024, more than any other state during that period. Texas’s high uninsured rate and decision not to expand Medicaid have added to the financial pressure on rural hospitals by leaving more patients without coverage and hospitals with more unpaid care. [20][24] *For more on the challenges facing rural hospitals in Texas, see the Center for Policy Progress paper, [Protecting Rural Hospitals in Texas](#).*
- Rural hospitals in non-expansion states face greater financial pressure. In 2023, **50 percent** had negative operating margins, compared with **41 percent** in expansion states, and **69 percent of rural hospital closures from 2014 through 2024 occurred in states that had not expanded Medicaid**. [11]
- Medicaid expansion can provide health coverage to more people, improve access to care and health outcomes, strengthen rural hospitals, and support state economies. **By continuing to reject expansion, Texas is unnecessarily missing out on these benefits.**

4. Texas should expand Medicaid through a Texas-specific approach that uses the state’s existing health care system, strengthens rural health care, and carefully manages state costs.

a. Expand Medicaid eligibility to adults earning up to 138 percent of the federal poverty level.

- Expanding Medicaid eligibility to most adults with incomes **up to 138 percent of the federal poverty level** would close the coverage gap for **approximately 605,000 Texans** who currently lack an affordable coverage option. (See Appendix 3 for monthly income limits)[6]
- Texas would receive **a 90 percent federal matching rate** for health care costs for adults covered through expansion. [9]
- Before expansion begins, the Health and Human Services Commission, or HHSC, and the Legislative Budget Board should update estimates of enrollment, federal funding, state costs, administrative expenses, and savings from reduced uncompensated care.

b. Build on the Medicaid system Texas already operates.

- Texas already delivers **more than 95 percent** of Medicaid enrollment through managed-care organizations. Expansion adults could be incorporated into that existing system rather than requiring Texas to build a separate health coverage program. [4]
- HHSC can establish the Medicaid expansion eligibility group through the state Medicaid plan. If Texas wants to make state-specific changes, it can seek federal approval through a Section 1115 waiver, which allows states to test approaches that differ from standard Medicaid rules. Texas should use that option only when the change would clearly benefit Texans.
- Texas already has extensive experience administering a Section 1115 waiver and negotiating Medicaid policy with the federal government. Its current demonstration is authorized through September 2030. [15]

c. Pair expansion with efforts to strengthen rural health care and provider access.

- Expanding insurance coverage will have limited impact if Texans cannot find doctors, hospitals, clinics, and other health care providers. Rural communities in particular continue to face hospital and workforce shortages. [11]

- Texas should pair expansion with Medicaid payment policies that encourage doctors, hospitals, and other providers to serve Medicaid patients, especially in rural and underserved areas. Expansion can also improve the finances of rural and small hospitals by reducing uncompensated care. [18]
- HHSC should hold Medicaid managed-care plans accountable for maintaining adequate provider networks and monitor whether Texans can actually get appointments and services in rural, border, and other underserved areas. [19]

d. Implement new federal requirements while minimizing paperwork and monitoring costs.

- Beginning in 2027, adults in the Medicaid expansion group generally will be subject to new federal work or qualifying-activity requirements unless exempt. **Texas should use information it already has to verify eligibility whenever possible and minimize unnecessary paperwork. [12]**
- **Texas should implement the federal requirements no earlier and no more restrictively than federal law requires** and provide clear notice and enrollment assistance so eligible Texans do not lose coverage because of paperwork. Previous state experience shows that reporting requirements can cause eligible people to lose Medicaid even when they remain eligible.
- **HHSC should report regularly on enrollment, coverage losses, state and federal spending, uncompensated care, provider participation, access to care, rural hospital conditions, and health outcomes.**

Texas’s Medicaid debate has changed considerably since the state first declined expansion. More than a decade of experience in expansion states now provides evidence about the positive effects on insurance coverage, access to care, hospitals, and state economies. At the same time, recent federal changes would require Texas to administer new eligibility and reporting requirements for many expansion adults.

Those requirements do not eliminate the underlying coverage problem. Texas still has the nation’s lowest Medicaid eligibility threshold for parents, approximately 605,000 residents in the coverage gap, and the highest uninsured

rate in the country. A Texas-specific expansion that combines broader eligibility with strong provider networks, careful fiscal planning, efficient administration, and measurable outcomes would allow the state to reduce the number of uninsured Texans while drawing substantially more federal health care funding into Texas.

More Information

1. **Texas Health and Human Services Commission, “Texas Medicaid and CHIP Reference Guide.”** Explains how Texas Medicaid operates, including the state’s managed-care system. The guide describes how the state contracts with managed care organizations, pays them a fixed monthly amount for each enrolled member, and requires the organizations to coordinate care and reimburse doctors, hospitals, and other providers. It also explains the different Texas Medicaid managed-care programs and how the state monitors access and quality.
<https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-15th-edition.pdf>
2. **KFF, “Status of State Medicaid Expansion Decisions.”** Provides an up-to-date tracker of which states have adopted Medicaid expansion and recent state activity related to expansion. The resource also tracks state trigger laws tied to federal funding, recent expansion proposals in non-expansion states, and new requirements or limits affecting expansion populations.
<https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/>
3. **KFF, “Health Insurance Coverage of the Total Population.”** Provides state-by-state data on health insurance coverage, including the number and percentage of residents who are uninsured. The interactive data can be used to compare Texas’s uninsured rate and uninsured population with other states.
<https://www.kff.org/state-health-policy-data/state-indicator/total-population/?activeTab=map¤tTimeframe=0&selectedDistributions=uninsured&selectedRows=%7B%22states%22:%7B%22all%22:%7B%7D%7D,%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Uninsured%22,%22sort%22:%22desc%22%7D>
4. **KFF, “Forthcoming Policy Changes to Medicaid State Directed Payments.”** Explains changes to Medicaid provider payments enacted in the 2025 federal reconciliation law and additional changes proposed by the Centers for Medicare & Medicaid Services in 2026. The analysis describes new limits on state-directed payments, when those limits will take effect, and how reduced Medicaid payments could affect state financing, hospitals, and other health care providers.

<https://www.kff.org/medicaid/forthcoming-policy-changes-to-medicaid-state-directed-payments/>

5. **KFF, “Building on the Evidence Base: Studies on the Effects of Medicaid Expansion.”** Reviews hundreds of studies on Medicaid expansion and summarizes the evidence on insurance coverage, access to care, health outcomes, financial security, hospitals, and state economies. This provides a broad overview of what more than a decade of research has found in states that expanded Medicaid.
<https://www.kff.org/affordable-care-act/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>
6. **Urban Institute, “2.3 Million People Would Gain Health Coverage in 2024 if 10 States Were to Expand Medicaid Eligibility.”** Estimates how Medicaid expansion would affect coverage and government spending in the remaining non-expansion states, including Texas. The analysis includes estimates of enrollment, reductions in the uninsured population, federal and state spending, and potential savings from lower uncompensated-care costs.
<https://www.urban.org/research/publication/23-million-people-would-gain-health-coverage-2024-if-10-states-were-expand>
7. **Health Affairs, “Medicaid Expansion Reduced Uncompensated Care Costs at Louisiana Hospitals; May Be a Model for Other States.”** Examines the effect of Louisiana’s Medicaid expansion on hospital finances. The study found substantial reductions in uncompensated-care costs after expansion, with particularly important effects for rural and public hospitals, providing a useful comparison for Texas.
<https://doi.org/10.1377/hlthaff.2020.01677>

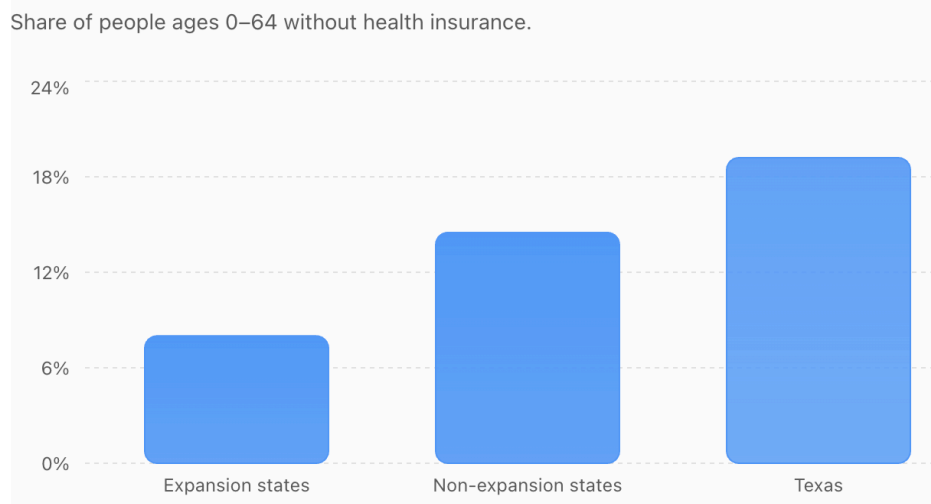
Sources

1. Centers for Medicare & Medicaid Services, 2025,
<https://www.cms.gov/files/document/brief-summaries-medicare-medicaid-november-19-2025.pdf>
2. Centers for Medicare & Medicaid Services, 2026,
<https://www.medicaid.gov/medicaid/financial-management>
3. Texas Health and Human Services Commission, 2025,
<https://www.hhs.texas.gov/sites/default/files/documents/hac-medicaid-overview-presentation-2025.pdf>
4. Texas Health and Human Services Commission, 2024,
<https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-15th-edition.pdf>
5. Texas Health and Human Services Commission, 2026,
<https://fhhb.hhs.texas.gov/handbooks/texas-works-handbook/d-110-general-policy>

6. KFF, 2026, <https://www.kff.org/medicaid/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/>
7. KFF, 2026, <https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/>
8. U.S. Census Bureau, 2025, <https://www.census.gov/library/publications/2025/acs/acsbr-024.html>
9. KFF, 2025, <https://www.kff.org/medicaid/5-key-facts-about-medicaid-expansion/>
10. Texas Hospital Association, 2024, <https://www.tha.org/wp-content/uploads/2024/09/Charity-care-FAQ-September-2024-FINAL.pdf>
11. KFF, 2025, <https://www.kff.org/health-costs/10-things-to-know-about-rural-hospitals/>
12. KFF, 2025, <https://www.kff.org/medicaid/a-closer-look-at-the-work-requirement-provisions-in-the-2025-federal-budget-reconciliation-law/>
13. KFF, 2026, <https://www.kff.org/medicaid/5-questions-and-answers-about-medicaid-and-provider-taxes/>
14. Texas Legislature Online, 2025, <https://capitol.texas.gov/billlookup/History.aspx?Bill=SB232&LegSess=89R&>
15. Centers for Medicare & Medicaid Services, 2026, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83231>
16. North Carolina Department of Health and Human Services, 2025, <https://www.ncdhhs.gov/news/press-releases/2025/04/09/nc-medicaid-expansion-reaches-650000-north-carolinians-enrolled-fewer-18-months-after-launch>
17. Louisiana Department of Health, 2021, <https://ldh.la.gov/news/6227>
18. KFF, 2025, <https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-hospitals/>
19. Texas Health and Human Services Commission, 2024, <https://www.hhs.texas.gov/sites/default/files/documents/medicaid-managed-care-provider-network-adequacy-dec-2024.pdf>
20. Commonwealth Fund, 2025, <https://www.commonwealthfund.org/publications/explainer/2025/may/how-does-medicaid-benefit-states>
21. Center on Budget and Policy Priorities, 2024, <https://www.cbpp.org/research/health/medicaid-expansion-frequently-asked-questions-0>
22. Health Affairs, 2023, <https://doi.org/10.1377/hlthaff.2022.00819>

23. Commonwealth Fund, 2025,
<https://www.commonwealthfund.org/publications/scorecard/2025/jun/2025-scorecard-state-health-system-performance>
24. Texas Organization of Rural & Community Hospitals, 2024,
https://www.torchnet.org/uploads/1/1/9/5/119501126/torch_10_things_fact_sheet.pdf
25. Commonwealth Fund, 2020,
<https://www.commonwealthfund.org/publications/issue-briefs/2020/may/impact-medicare-expansion-states-budgets>
26. Montana Healthcare Foundation, 2025,
<https://mthf.org/resource/2025-report-medicare-expansion-economic-effects/>
27. The Perryman Group, 2020,
<https://www.perrymangroup.com/publications/report/2020/12/14/it-just-makes-sense/>
28. Quarterly Journal of Economics, 2021, <https://doi.org/10.1093/qje/qjab004>
29. AMA Network Open, 2026, <https://doi.org/10.1001/jamanetworkopen.2026.25384>
30. JAMA Health Forum, 2021, <https://doi.org/10.1001/jamahealthforum.2021.2375>
31. Cancer Discovery, 2025,
<https://aacrjournals.org/cancerdiscovery/article/15/12/2431/767710/Association-between-Medicare-Expansion-and-5-Year>

Appendix 1 - Uninsured Rates Among People Under Age 65 by Medicaid Expansion Status, 2024



Source: KFF, 2026, <https://www.kff.org/uninsured/key-facts-about-the-uninsured-population/>

Appendix 2 - Texas Medicaid Monthly Income Limits by Program and Family Size, 2026

Family size	Children's Medicaid	Pregnant Women Medicaid	Parent/Caretaker Medicaid — One Parent	Parent/Caretaker Medicaid — Two Parents	Breast & Cervical Cancer Medicaid (MBCC)
1	\$1,735*	\$2,634	\$103	—	\$2,660
2	\$2,345	\$3,571	\$196	\$161	\$3,607
3	\$2,954	\$4,508	\$230	\$251	\$4,553
4	\$3,564	\$5,445	\$277	\$285	\$5,500
5	\$4,173	\$6,383	\$310	\$332	\$6,447
6	\$4,783	\$7,321*	\$356	\$367	\$7,393
7	\$5,393	\$8,259*	\$389	\$412	\$8,340
8	\$6,002	\$9,197*	\$441	\$447	\$9,287

*A family of one could be a child who does not live with a parent or other relative.

Notes:

- Income is generally measured **before taxes**.
- Children's Medicaid: for each additional family member above eight, add **\$610/month**.
- Medicaid for Pregnant Women: for each additional family member above five, add **\$938/month**.
- Medicaid for Breast and Cervical Cancer, or MBCC, uses an income limit of **200% of the federal poverty level**. The monthly figures above are approximate monthly equivalents of the 2026 annual poverty guidelines; applicants must also meet the program's non-income eligibility requirements.

Source: HHSC, 2026,

<https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services>

Appendix 3 - 2026 Federal Poverty Level for the 48 Contiguous States

Household/ Family Size	2026 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,330	\$1,768.92	\$1,835.42	\$1,995	\$2,660	\$3,990	\$5,320
2	\$1,803.33	\$2,398.42	\$2,488.58	\$2,705	\$3,606.67	\$5,410	\$7,213.33
3	\$2,276.66	\$3,028	\$3,141.83	\$3,415	\$4,553.33	\$6,830	\$9,106.67
4	\$2,750	\$3,657.50	\$3,795	\$4,125	\$5,500	\$8,250	\$11,000
5	\$3,223.33	\$4,287	\$4,448.17	\$4,835	\$6,446.67	\$9,670	\$12,893.33
6	\$3,696.66	\$4,916.58	\$5,101.42	\$5,545	\$7,393.33	\$11,090	\$14,786.67
7	\$4,170	\$5,544.42	\$5,754.58	\$6,255	\$8,340	\$12,510	\$16,680
8	\$4,643.33	\$6,175.66	\$6,407.83	\$6,965	\$9,286.67	\$13,930	\$18,573.33
Each person over 8, add	\$473	\$630	\$653	\$710	\$947	\$1,420	\$1,893

Source: American Council on Aging, 2026,

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/> ; U.S. Department of Health and Human Services, 2026,

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>