

**SILVER PLAN VARIATIONS FOR INCOME-BASED COST-SHARING REDUCTIONS:  
REDUCTION IN MAXIMUM ANNUAL LIMITATION ON COST SHARING FOR 2020**

<b>Plan Variation (from 70% Actuarial Value (AV) Silver Plan)</b>	<b>Income Range for Individual*</b>	<b>Individual Out- of-Pocket Maximum (standard 2020 limit: \$8,150)</b>	<b>Income Range for Family of Three*</b>	<b>Family Out-of- Pocket Maximum (standard 2019 limit: \$16,300)</b>
94% AV Silver Plan Variation (for households with a modified adjusted gross income (MAGI) between 100-150% of the federal poverty level (FPL))	\$12,490- \$18,735	\$2,700	\$21,330- \$31,995	\$5,400
87% AV Silver Plan Variation (for households with a MAGI between 150- 200% of the FPL)	\$18,735- \$24,980	\$2,700	\$31,995- \$42,660	\$5,400
73% AV Silver Plan Variation (for households with a MAGI between 200- 250% of the FPL)	\$24,980- \$31,225	\$6,500	\$42,660- \$53,325	\$13,000

\*Below is the 2019 Federal Poverty Guidelines Chart, where you can find dollar ranges for the different percentages of FPL. These figures are higher in Alaska and Hawaii.

## 2019 FEDERAL POVERTY GUIDELINES CHART<sup>1</sup>

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the “federal poverty level” (FPL). Starting November 1, 2019, the Health Insurance Marketplace<sup>2</sup> will use the 2019 guidelines when making calculations for advance payments of the premium tax credit and income-based cost-sharing reductions for coverage year 2020.

Note that Medicaid and the Children’s Health Insurance Program assessments/determinations are currently based on the 2019 FPL from the HHS 2019 Poverty Guidelines until January or February 2020 when HHS releases the new guidelines for 2020.

The 2020 guidelines have not been released as of the date of publication of this training, but will be available on the HHS Assistant Secretary for Planning and Evaluation (ASPE) website (<http://aspe.hhs.gov/poverty-research>).

Household Size	100%	138%**	150%**	200%**	250%**	300%**	400%**
1	\$12,490	\$17,236	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960
2	\$16,910	\$23,336	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640
3	\$21,330	\$29,435	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320
4	\$25,750	\$35,535	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000
5	\$30,170	\$41,635	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680
6	\$34,590	\$47,734	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360
7	\$39,010	\$53,834	\$58,515	\$78,020	\$97,525	\$117,030	\$156,040
8	\$43,430	\$59,933	\$65,145	\$86,860	\$108,575	\$130,290	\$173,720

<sup>1</sup> Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska, please visit the HHS ASPE website: <https://aspe.hhs.gov/poverty-guidelines>.

<sup>2</sup> When used in this document, the term “Health Insurance Marketplace<sup>®</sup>” or “Marketplace” refers to Federally-facilitated Marketplaces (FFMs), including FFMs where states perform plan management functions and also refers to State-based Marketplaces on the Federal Platform (SBM-FPs).