

Family Planning Program

Optional Co-Pay Table Based on 2026 Monthly Federal Poverty Level (FPL)

Effective March 1, 2026

Family Size	Less Than or Equal to 100% of FPL \$0 Co-pay	101% to 133% FPL \$5 Co-pay	134% to 150% FPL \$10 Co-pay	151% to 185% FPL \$15 Co-pay	186% to 200% FPL \$20 Co-pay	201% to 233% \$25 Co-pay	234% to 250% \$30 Co-pay
1	\$0 to \$1,330	\$1,330.01 to \$1,769	\$1,769.01 to \$1,995	\$1,995.01 to \$2,461	\$2,461.01 to \$2,660	\$2,660.01 to \$3,099	\$3,099.01 to \$3,325
2	\$0 to \$1,803	\$1,803.01 to \$2,398	\$2,398.01 to \$2,705	\$2,705.01 to \$3,336	\$3,336.01 to \$3,607	\$3,607.01 to \$4,202	\$4,202.01 to \$4,508
3	\$0 to \$2,277	\$2,277.01 to \$3,028	\$3,028.01 to \$3,415	\$3,415.01 to \$4,212	\$4,212.01 to \$4,553	\$4,553.01 to \$5,305	\$5,305.01 to \$5,692
4	\$0 to \$2,750	\$2,750.01 to \$3,658	\$3,658.01 to \$4,125	\$4,125.01 to \$5,087	\$5,087.01 to \$5,500	\$5,500.01 to \$6,408	\$6,408.01 to \$6,875
5	\$0 to \$3,223	\$3,223.01 to \$4,287	\$4,287.01 to \$4,835	\$4,835.01 to \$5,963	\$5,963.01 to \$6,447	\$6,447.01 to \$7,510	\$7,510.01 to \$8,058
6	\$0 to \$3,697	\$3,697.01 to \$4,917	\$4,917.01 to \$5,545	\$5,545.01 to \$6,839	\$6,839.01 to \$7,393	\$7,393.01 to \$8,613	\$8,613.01 to \$9,242
7	\$0 to \$4,170	\$4,170.01 to \$5,546	\$5,546.01 to \$6,255	\$6,255.01 to \$7,715	\$7,715.01 to \$8,340	\$8,340.01 to \$9,716	\$9,716.01 to \$10,425
8	\$0 to \$4,643	\$4,643.01 to \$6,176	\$6,176.01 to \$6,965	\$6,965.01 to \$8,590	\$8,590.01 to \$9,287	\$9,287.01 to \$10,819	\$10,819.01 to \$11,608
9	\$0 to \$5,117	\$5,117.01 to \$6,805	\$6,805.01 to \$7,675	\$7,675.01 to \$9,466	\$9,466.01 to \$10,233	\$10,233.01 to \$11,922	\$11,922.01 to \$12,792
10	\$0 to \$5,590	\$5,590.01 to \$7,435	\$7,435.01 to \$8,385	\$8,385.01 to \$10,342	\$10,342.01 to \$11,180	\$11,180.01 to \$13,025	\$13,025.01 to \$13,975

Note: No co-pay may be charged for a household whose income is below 100% of the FPL.

If a client self-declares an inability to pay, the contractor must not charge a co-pay. No client may be denied services based on an inability to pay. If a co-pay is charged, it may not exceed \$30 or the cost of the visit or encounter, whichever is less. The FPL is calculated and published each calendar year at [Poverty Guidelines](#).