



Alabama Breast and Cervical Cancer Early Detection Program

2026 Income Eligibility Guidelines

(Effective February 1, 2026, until revised)

At or below 250% of the Federal Poverty Level determines program eligibility.

Household Size	Annual	Monthly *	Weekly	Bi-weekly
1	\$39,900	\$3,325	\$831	\$1,663
2	\$54,100	\$4,508	\$1,127	\$2,254
3	\$68,300	\$5,692	\$1,423	\$2,846
4	\$82,500	\$6,875	\$1,719	\$3,438
5	\$96,700	\$8,058	\$2,015	\$4,029
6	\$110,900	\$9,242	\$2,311	\$4,621
7	\$125,100	\$10,425	\$2,606	\$5,213
8	\$139,300	\$11,608	\$2,902	\$5,804

Each additional household member add \$14,200 annual or \$1,184 monthly, or \$296 weekly or \$592 bi-weekly.

*Based on DHHS Poverty Guidelines issued 1/2026.