



VERMONT DEPARTMENT OF HEALTH

## 2026 You First Program Eligibility

**Residence:** Must live in Vermont

**Age:** Must be over 21 years old

- Our heart health program is available for members ages 35-64.

**Insurance status:** Can be uninsured, have Medicaid, Medicare, or have private health insurance (including Vermont Health Connect)

- Members with Medicare Part B are not eligible for payment of clinical services.

**Screening Need:** You have (or have had) breasts or a cervix, or need preventative breast or cervical cancer screenings.

- Transgender, non-binary and intersex Vermonters are eligible to receive services through You First. Call 1-800-508-2222 or [visit our website](#) to learn more.

**Income:** 250% of the federal poverty level, based on number in household

### 2026 Income Guidelines:

Number in Household	Annual maximum	Monthly maximum	Weekly maximum
1	\$39,900	\$3,325	\$767
2	\$54,100	\$4,508	\$1,040
3	\$68,300	\$5,692	\$1,313
4	\$82,500	\$6,875	\$1,587
5	\$96,700	\$8,058	\$1,860
6	\$110,900	\$9,242	\$2,133

Phone: 1-800-508-2222  
 Fax: 1-802-657-4208  
 YouFirstVT.org

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