

### Annual Income

2024 Gross Household Annual Income	At or below 100% of FPG	At or below 125% of FPG	At or below 150% of FPG	At or below 175% of FPG	At or below 200% of FPG	At or above 201% of FPG
	CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F
Family size	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:	If you make more than:
1	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$30,121
2	\$20,440	\$25,550	\$30,660	\$36,770	\$40,880	\$40,881
3	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$51,641
4	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$62,401
5	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$73,161
6	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$83,921
7	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$94,681
8	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$105,441
9	\$58,100	\$72,625	\$87,150	\$101,675	\$116,200	\$116,201
10	\$63,480	\$79,350	\$92,220	\$111,090	\$126,960	\$126,961
<b>Charges</b>	<b>\$10.00</b> <b>(Nominal Fee)</b>	<b>\$20.00</b>	<b>\$30.00</b>	<b>\$40.00</b>	<b>\$50.00</b>	<b>Full charge</b>

**\*\*\*Plan 1 patients receive a 100% discount on total charges they are asked to pay a nominal fee of \$10 for Medical, Behavioral & Dental services\*\*\***

**\*\*If patient income exceeds 200% of poverty level, collect \$50.00 as a deposit and advise patient remainder will be billed. \*\***

### Monthly Income

2024 Gross Household Annual Income	At or below 100% of FPG	At or below 125% of FPG	At or below 150% of FPG	At or below 175% of FPG	At or below 200% of FPG	At or above 201% of FPG
	CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F
Family size	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:	If you make more than:
1	\$1,255.00	\$1,568.75	\$1,882.50	\$2,196.25	\$2,510.00	\$2,510.01
2	\$1,703.33	\$2,129.17	\$2,555.00	\$2,980.83	\$3,406.67	\$3,406.68
3	\$2,151.67	\$2,689.58	\$3,227.50	\$3,765.42	\$4,303.33	\$4,303.34
4	\$2,600.00	\$3,250.00	\$3,900.00	\$4,550.00	\$5,200.00	\$5,200.01
5	\$3,048.33	\$3,810.42	\$4,572.50	\$5,334.58	\$6,096.67	\$6,096.68
6	\$3,496.67	\$4,370.83	\$5,245.00	\$6,119.17	\$6,993.33	\$6,993.34
7	\$3,945.00	\$4,931.25	\$5,917.50	\$6,903.75	\$7,890.00	\$7,890.01
8	\$4,393.33	\$5,491.67	\$6,590.00	\$7,688.33	\$8,786.67	\$8,786.68
9	\$4,841.67	\$6,052.08	\$7,262.50	\$8,472.92	\$9,683.33	\$9,683.34
10	\$5,290.00	\$6,612.50	\$7,935.00	\$9,257.50	\$10,580.00	\$10,580.01
<b>Charges</b>	<b>\$10.00 (Nominal Fee)</b>	<b>\$20.00</b>	<b>\$30.00</b>	<b>\$40.00</b>	<b>\$50.00</b>	<b>Full charge</b>

**\*\*\*Plan 1 patients receive a 100% discount on total charges and are asked to pay a nominal fee of \$10 for Medical, Behavioral & Dental services\*\*\***

**\*\*If patient income exceeds 200% of poverty level, collect \$50.00 as a deposit and advise patient remainder will be billed. \*\***