

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	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	\$15,650.00	\$19,562.50	\$23,475.00	\$27,387.50	\$31,300.00	\$31,301.00
2	\$21,150.00	\$26,437.50	\$31,725.00	\$37,012.50	\$42,300.00	\$42,301.00
3	\$26,650.00	\$33,312.50	\$39,975.00	\$46,637.50	\$53,300.00	\$53,301.00
4	\$32,150.00	\$40,187.50	\$48,225.00	\$56,262.50	\$64,300.00	\$64,301.00
5	\$37,650.00	\$47,062.50	\$56,475.00	\$65,887.50	\$75,300.00	\$75,301.00
6	\$43,150.00	\$53,937.50	\$64,725.00	\$75,512.50	\$86,300.00	\$86,301.00
7	\$48,650.00	\$60,812.50	\$72,975.00	\$85,137.50	\$97,300.00	\$97,301.00
8	\$54,150.00	\$67,687.50	\$81,225.00	\$94,762.50	\$108,300.00	\$108,301.00
9	\$59,650.00	\$74,562.50	\$89,475.00	\$104,387.50	\$119,300.00	\$119,301.00
10	\$65,150.00	\$81,437.50	\$97,725.00	\$114,012.50	\$130,300.00	\$130,301.00
Charges	\$10.00 (Nominal Fee)	\$20.00	\$30.00	\$40.00	\$50.00	Full charge

*****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 the 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	\$1,304.17	\$1,630.21	\$1,956.25	\$2,282.29	\$2,608.33	\$2,609.33
2	\$1,762.50	\$2,203.13	\$2,643.75	\$3,084.38	\$3,525.00	\$3,526.00
3	\$2,220.83	\$2,776.04	\$3,331.25	\$3,886.46	\$4,441.67	\$4,442.67
4	\$2,679.17	\$3,348.96	\$4,018.75	\$4,688.54	\$5,358.33	\$5,359.33
5	\$3,137.50	\$3,921.88	\$4,706.25	\$5,490.63	\$6,275.00	\$6,276.00
6	\$3,595.83	\$4,494.79	\$5,393.75	\$6,292.71	\$7,191.67	\$7,192.67
7	\$4,054.17	\$5,067.71	\$6,081.25	\$7,094.79	\$8,108.33	\$8,109.33
8	\$4,512.50	\$5,640.63	\$6,768.75	\$7,896.88	\$9,025.00	\$9,026.00
9	\$4,970.83	\$6,213.54	\$7,456.25	\$8,698.96	\$9,941.67	\$9,942.67
10	\$5,429.17	\$6,786.46	\$8,143.75	\$9,501.04	\$10,858.33	\$10,859.33
Charges	\$10.00 (Nominal Fee)	\$20.00	\$30.00	\$40.00	\$50.00	Full charge

*****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 the remainder will be billed.****