

Financial Assistance Discount Federal Poverty Guidelines

	Charity Care	Discount Payment			
Uninsured Discount	<u>100%</u>	<u>95%</u>	<u>90%</u>	<u>85%</u>	<u>85%</u>
Underinsured Discount	<u>100%</u>	<u>90%</u>	<u>80%</u>	<u>70%</u>	<u>60%</u>

Annual Salary & Federal Poverty Level ("FPL")							
	FPL%	FPL	400%	450%	500%	550%	600%
Size of Family Unit	1	\$15,650	\$62,600	\$70,425	\$78,250	\$86,075	\$93,900
	2	\$21,150	\$84,600	\$95,175	\$105,750	\$116,325	\$126,900
	3	\$26,650	\$106,600	\$119,925	\$133,250	\$146,575	\$159,900
	4	\$32,150	\$128,600	\$144,675	\$160,750	\$176,825	\$192,900
	5	\$37,650	\$150,600	\$169,425	\$188,250	\$207,075	\$225,900
	6	\$43,150	\$172,600	\$194,175	\$215,750	\$237,325	\$258,900
	7	\$48,650	\$194,600	\$218,925	\$243,250	\$267,575	\$291,900
	8	\$54,150	\$216,600	\$243,675	\$270,750	\$297,825	\$324,900

Note 1: For each additional person in the family unit, add \$5,500 to the FPL annual salary.

Note 2: Schedule revised 1/16/25

Note 3: Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Note 4: See the Financial Assistance Policy for methodology and additional details.