

#111 attachment Appendix B – Federal Poverty Level

Family Size/FPL	200%	≤ 225%	≤ 250%	≤ 275%	≤ 300%	> 300%
Patient Pays	0%	20%	40%	60%	80%	100%
1	\$ 23,760	\$ 26,730	\$ 29,700	\$ 32,670	\$ 35,640	\$ 35,641
2	\$ 32,040	\$ 36,045	\$ 40,050	\$ 44,055	\$ 48,060	\$ 48,061
3	\$ 40,320	\$ 45,360	\$ 50,400	\$ 55,440	\$ 60,480	\$ 60,481
4	\$ 48,600	\$ 54,675	\$ 60,750	\$ 66,825	\$ 72,900	\$ 72,901
5	\$ 56,880	\$ 63,990	\$ 71,100	\$ 78,210	\$ 85,320	\$ 85,321
6	\$ 65,160	\$ 73,305	\$ 81,450	\$ 89,595	\$ 97,740	\$ 97,741
7	\$ 73,460	\$ 82,643	\$ 91,825	\$ 101,008	\$ 110,190	\$ 110,191
8	\$ 81,780	\$ 92,003	\$ 102,225	\$ 112,448	\$ 122,670	\$ 122,671

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