

**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	\$15,060	\$60,240	\$67,770	\$75,300	\$82,830	\$90,360	
	2	\$20,440	\$81,760	\$91,980	\$102,200	\$112,420	\$122,640	
	3	\$25,820	\$103,280	\$116,190	\$129,100	\$142,010	\$154,920	
	4	\$31,200	\$124,800	\$140,400	\$156,000	\$171,600	\$187,200	
	5	\$36,580	\$146,320	\$164,610	\$182,900	\$201,190	\$219,480	
	6	\$41,960	\$167,840	\$188,820	\$209,800	\$230,780	\$251,760	
	7	\$47,340	\$189,360	\$213,030	\$236,700	\$260,370	\$284,040	
	8	\$52,720	\$210,880	\$237,240	\$263,600	\$289,960	\$316,320	

Note 1: For each additional person in the family unit, add \$5,380 to the FPL annual salary.

Note 2: Schedule revised 1/12/24

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.