

2016 Federal Poverty Guidelines
Family Size by Monthly Income
Schedule of Discounts

Family Size	0% - 100% Patient Pays \$5.00	101% - 125% Patient Pays the greater of 10% or \$5.00	126% - 150% Patient Pays the greater of 25% or \$5.00	151% - 175% Patient Pays the greater of 40% or \$5.00	176% - 200% Patient Pays the greater of 50% or \$5.00	201% - 225% Patient Pays the greater of 70% or \$5.00	226% - 250% Patient Pays the greater of 80% or \$5.00	251% & Up Patient Pays 100% of billed charge
1	\$0 - \$990	\$991 - \$1238	\$1239 - \$1485	\$1486 - \$1735	\$1736 - \$1980	\$1981 - \$2230	\$2231 - \$2475	\$2476 & up
2	\$0 - \$1335	\$1336 - \$1669	\$1670 - \$2003	\$2004 - \$2338	\$2339 - \$2670	\$2671 - \$3005	\$3006 - \$3338	\$3339 & up
3	\$0 - \$1680	\$1681 - \$2100	\$2101 - \$2520	\$2521 - \$2940	\$2941 - \$3360	\$3361 - \$3780	\$3781 - \$4200	\$4201 & up
4	\$0 - \$2025	\$2026 - \$2535	\$2536 - \$3038	\$3039 - \$3548	\$3549 - \$4050	\$4051 - \$4560	\$4561 - \$5063	\$5064 & up
5	\$0 - \$2370	\$2371 - \$2965	\$2966 - \$3555	\$3556 - \$4150	\$4151 - \$4740	\$4741 - \$5335	\$5336 - \$5925	\$5926 & up
6	\$0 - \$2715	\$2716 - \$3395	\$3396 - \$4073	\$4074 - \$4753	\$4754 - \$5430	\$5431 - \$6110	\$6111 - \$6788	\$6789 & up
7	\$0 - \$3061	\$3062 - \$3831	\$3832 - \$4592	\$4593 - \$5362	\$5363 - \$6122	\$6123 - \$6892	\$6893 - \$7653	\$7654 & up
8	\$0 - \$3408	\$3409 - \$4263	\$4264 - \$5112	\$5113 - \$5967	\$5968 - \$6815	\$6816 - \$7670	\$7671 - \$8519	\$8520 & up

For families with more than 8 persons, add \$4,164 annually for each additional person.