

2017 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 - \$1005	\$1006 - \$1337	\$1338 - \$1387	\$1387 - \$1508	\$1509 - \$2010	\$2011 - \$2513	\$2514 - \$3015	\$4020 & up
2	\$0 - \$1353	\$1354 - \$1800	\$1801 - \$1868	\$1869 - \$2030	\$2031 - \$2707	\$2708 - \$3383	\$3384 - \$4060	\$5413 & up
3	\$0 - \$1702	\$1703 - \$2263	\$2264 - \$2348	\$2349 - \$2553	\$2554 - \$3403	\$3404 - \$4254	\$4255 - \$5105	\$6807 & up
4	\$0 - \$2050	\$2051 - \$2727	\$2727 - \$2829	\$2830 - \$3075	\$3076 - \$4100	\$4101 - \$5125	\$5126 - \$6150	\$8200 & up
5	\$0 - \$2398	\$2399 - \$3190	\$2400 - \$3310	\$3311 - \$3598	\$3599 - \$4797	\$4798 - \$5996	\$5997 - \$7195	\$9593 & up
6	\$0 - \$2747	\$2748 - \$3653	\$3654 - \$3790	\$3791 - \$4120	\$4121 - \$5493	\$5494 - \$6867	\$6868 - \$8240	\$10987 & up
7	\$0 - \$3095	\$3096 - \$4116	\$4117 - \$4271	\$4272 - \$4643	\$4644 - \$6190	\$6191 - \$7738	\$7738 - \$9285	\$12380 & up
8	\$0 - \$3443	\$3444 - \$4580	\$3445 - \$4752	\$4753 - \$5165	\$5166 - \$6887	\$6888 - \$8608	\$8609 - 10330	\$13773 & up

For families with more than 8 persons, add \$4,180 annually for each additional person.