

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 - \$1012	\$1013 - \$1266	\$1267 - \$1519	\$1520 - \$1773	\$1774 - \$2027	\$2028 - \$2281	\$2282 - \$2535	\$2536 & up
2	\$0 - \$1372	\$1373 - \$1716	\$1717 - \$2059	\$2060 - \$2403	\$2404 - \$2747	\$2748 - \$3091	\$3092 - \$3435	\$3436 & up
3	\$0 - \$1732	\$1733 - \$2166	\$2167 - \$2599	\$2600 - \$3033	\$3034 - \$3467	\$3468 - \$3901	\$3902 - \$4335	\$4336 & up
4	\$0 - \$2092	\$2093 - \$2616	\$2617 - \$3139	\$3140 - \$3663	\$3664 - \$4187	\$4188 - \$4711	\$4712 - \$5235	\$5236 & up
5	\$0 - \$2452	\$2453 - \$3066	\$3067 - \$3679	\$3680 - \$4293	\$4294 - \$4907	\$4908 - \$5521	\$5522 - \$6135	\$6136 & up
6	\$0 - \$2812	\$2813 - \$3516	\$3517 - \$4219	\$4220 - \$4923	\$4924 - \$5627	\$5628 - \$6331	\$6332 - \$7035	\$7036 & up
7	\$0 - \$3172	\$3173 - \$3966	\$3967 - \$4759	\$4760 - \$5553	\$5554 - \$6347	\$6348 - \$7141	\$7142 - \$7935	\$7936 & up
8	\$0 - \$3532	\$3533 - \$4416	\$4417 - \$5299	\$5300 - \$6183	\$6184 - \$7067	\$7068 - \$7951	\$7952 - \$8835	\$8836 & up

**2018 Federal Poverty Guidelines**  
**Family Size by Monthly Income**  
**Schedule of Discounts**

For families with more than 8 persons, add \$4,320 annually for each additional person.