FPL Guidelines with Sliding Fee Schedule

2024/2025 FEDERAL HHS POVERTY GUIDELINES [48 States]

		Monthly Income Thresholds by Sliding Fee and Discount Pay Class and Percent Poverty (At or Below FPL%)			
	Poverty Level	100%	133%	150%	200%
			Sliding Fee Discount		
Family Size	**Annual Income**	**No Fee**	**$35**	**$45**	**$55**
1	$15,060	$1,255	$1,670	$1,883	$2,510
2	$20,440	$1,704	$2,267	$2,556	$3,408
3	$25,820	$2,152	$2,863	$3,228	$4,304
4	$31,200	$2,600	$3,458	$3,900	$5,200
5	$36,580	$3,049	$4,056	$4,574	$6,098
6	$41,960	$3,497	$4,652	$5,246	$6,994
7	$47,340	$3,945	$5,247	$5,918	$7,890
8	$52,720	$4,394	$5,845	$6,591	$8,788
For each additional person add,	$5,380				

NO ASSET TEST REQUIRED

Reference: Federal Register, January 17, 2024
https://www.federalregister.gov/documents/2024/01/17/2024-00796/annual-update-of-the-hhs-poverty-guidelines

SLIDING FEE SCHEDULE BY INCOME RANGE (0-200%)

* Includes Emergency, Inpatient , Outpatient, Specialty and Dental Services