

2017 Poverty Guidelines with Children's Sliding Fee Scale

% OF FEDERAL POVERTY LEVEL (FPL)		Insured - up to 350% FPL	uninsured up to 275% FPL	uninsured up to 350%
		350%	275%	350%
Discount	FPL	30%	100%	Community Clinic AGB 39% Hospital AGB 50%
Family Size				
1	\$12,060	\$42,210	\$33,165	\$42,210
Monthly		\$3,518	\$2,764	\$3,518
2	16,240	\$56,840	\$44,660	\$56,840
Monthly		\$4,737	\$3,722	\$4,737
3	20,420	\$71,470	\$56,155	\$71,470
Monthly		\$5,956	\$4,680	\$5,956
4	24,600	\$86,100	\$67,650	\$86,100
Monthly		\$7,175	\$5,638	\$7,175
5	28,780	\$100,730	\$79,145	\$100,730
Monthly		\$8,394	\$6,595	\$8,394
6	32,960	\$115,360	\$90,640	\$115,360
Monthly		\$9,613	\$7,553	\$9,613
7	37,140	\$129,990	\$102,135	\$129,990
Monthly		\$10,833	\$8,511	\$10,713
8	41,320	\$144,620	\$113,630	\$144,620
Monthly		\$12,052	\$9,469	\$12,052
9	45,500	\$159,250	\$125,125	\$159,250
Monthly		\$13,140	\$10,427	\$13,140
10	49,680	\$173,880	\$136,620	\$173,880
Monthly		\$14,490	\$11,385	\$14,490
11	53,860	\$188,510	\$148,115	\$188,510
Monthly		\$15,709	\$12,343	\$15,709

Based on the Federal Poverty Guidelines, updated 1/31/2017

AGB (Amounts Generally Billed) updated per IRS guidelines based on 2016 paid claims using data thru 4/30/2017

Family size is determined by the number of people listed on the family's most recent income tax form.

AGB = amounts generally billed