

2025 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%	Uninsured over 350% FPL, but less than \$125,000 annually
		350%	275%	350%	>350%
Discount	FPL	30%	100%	Clinic AGB 47% Hospital AGB 59%	Clinic 47% Hospital 55%
Family Size					
1	\$15,650	\$54,775	\$43,038	\$54,775	<\$125,000
Monthly		\$4,565	\$3,586	\$4,565	
2	\$21,150	\$74,025	\$58,163	\$74,025	<\$125,000
Monthly		\$6,169	\$4,847	\$6,169	
3	\$26,250	\$91,875	\$72,188	\$91,875	<\$125,000
Monthly		\$7,656	\$6,016	\$7,656	
4	\$32,150	\$112,525	\$88,413	\$112,525	<\$125,000
Monthly		\$9,377	\$7,368	\$9,377	
5	\$37,650	\$131,775	\$103,538	\$131,775	<\$125,000
Monthly		\$10,981	\$8,628	\$10,981	
6	\$43,150	\$151,025	\$118,663	\$151,025	<\$125,000
Monthly		\$12,585	\$9,889	\$12,585	
7	\$48,650	\$170,275	\$133,788	\$170,275	<\$125,000
Monthly		\$14,190	\$11,149	\$10,713	
8	\$54,150	\$189,525	\$148,913	\$189,525	<\$125,000
Monthly		\$15,794	\$12,409	\$15,794	
9	\$59,650	\$208,775	\$164,038	\$208,775	<\$125,000
Monthly		\$13,140	\$13,670	\$13,140	
10	\$65,150	\$228,025	\$179,163	\$228,025	<\$125,000
Monthly		\$19,002	\$14,930	\$19,002	
11	\$70,650	\$247,275	\$194,288	\$247,275	<\$125,000
Monthly		\$20,606	\$16,191	\$20,606	

Based on the Federal Poverty Guidelines, updated 1/15/2025

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

AGB (Amounts Generally Billed) updated per IRS guidelines based on 2024 paid claims using data thru 12/31/2024

Uninsured discount updated per MN Statute 144.589 based on 2024 paid claims