

FPL Guidelines with Sliding Fee Schedule

2023/2024 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	\$14,580	\$1,215	\$1,616	\$1,823	\$2,430
2	\$19,720	\$1,643	\$2,185	\$2,465	\$3,286
3	\$24,860	\$2,072	\$2,756	\$3,108	\$4,144
4	\$30,000	\$2,500	\$3,325	\$3,750	\$5,000
5	\$35,140	\$2,928	\$3,894	\$4,392	\$5,856
6	\$40,280	\$3,357	\$4,465	\$5,036	\$6,714
7	\$45,420	\$3,785	\$5,034	\$5,678	\$7,570
8	\$50,560	\$4,213	\$5,603	\$6,320	\$8,426
For each additional person add,	\$5,140	NO ASSET TEST REQUIRED			

Reference: Federal Register, January 19, 2023

<https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines>

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

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