



2024 Federal Poverty Guidelines

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty

	100.00%	125.00%	150.00%	175.00%	200.00%	>200%
PATIENT PAYS:	Pay 0%	Pay 20 %	Pay 40%	Pay 60%	Pay 80%	Pay 100%
FAMILY SIZE:						
1	\$15,060.00	\$18,825.00	\$22,590.00	\$26,355.00	\$30,120.00	\$30,120.00
2	\$20,440.00	\$25,550.00	\$30,660.00	\$35,770.00	\$40,880.00	\$40,880.00
3	\$25,820.00	\$32,275.00	\$38,730.00	\$45,185.00	\$51,640.00	\$51,640.00
4	\$31,200.00	\$39,000.00	\$46,800.00	\$54,600.00	\$62,400.00	\$62,400.00
5	\$36,580.00	\$45,725.00	\$54,870.00	\$64,015.00	\$73,160.00	\$73,160.00
6	\$41,960.00	\$52,450.00	\$62,940.00	\$73,430.00	\$83,920.00	\$83,920.00
7	\$47,340.00	\$59,175.00	\$71,010.00	\$82,845.00	\$94,680.00	\$94,680.00
8	\$52,720.00	\$65,900.00	\$79,080.00	\$92,260.00	\$105,440.00	\$105,440.00
For Each Additional Person Add:	\$5,380.00	\$6,725.00	\$8,070.00	\$9,415.00	\$10,760.00	\$10,760.00

* Based on the 2024 HHS poverty Guidelines (<http://aspe.hhs.gov/poverty/12poverty.cfm>)

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