



Discounted Financial Assistance Guidelines for the **Uninsured**

Effective with Financial Assistance Determinations on or after June 1, 2024

Source: <https://aspe.hhs.gov/poverty-guidelines>

Persons in Family or Household	2024 HHS Poverty Guidelines (PG)	200% OF POVERTY LEVEL	201%-300% OF POVERTY LEVEL *
1	\$ 15,060	\$ 30,120	\$ 45,180
2	\$ 20,440	\$ 40,880	\$ 61,320
3	\$ 25,820	\$ 51,640	\$ 77,460
4	\$ 31,200	\$ 62,400	\$ 93,600
5	\$ 36,580	\$ 73,160	\$ 109,740
6	\$ 41,960	\$ 83,920	\$ 125,880
7	\$ 47,340	\$ 94,680	\$ 142,020
8	\$ 52,720	\$ 105,440	\$ 158,160
each additional person	\$ 5,380	\$ 10,760	\$ 16,140
DISCOUNT/WRITE-OFF		100%	70%

\* Discount does not apply to account balances after insurance pays



Discounted Financial Assistance Guidelines for the **INSURED**

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Persons in Family or Household	2024 HHS Poverty Guidelines (PG)	200% OF POVERTY LEVEL	201%-300% OF POVERTY LEVEL *
1	\$ 15,060	\$ 30,120	\$ 45,180
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8	\$ 52,720	\$ 105,440	\$ 158,160
each additional person	\$ 5,380	\$ 10,760	\$ 16,140
DISCOUNT/WRITE-OFF		100%	30%

\* Catastrophic charity may be applied if medical bill balances exceed 30% of household income per information provided on the FAP application