



Mee Memorial Healthcare System

Origination: 08/2025
Effective: 09/2025
Last Approved: 09/2025
Last Revised: 09/2025
Next Review: 09/2027

Owner: *Emily Emery-Shea:*
Chief Financial Officer
Area: *Hospital Wide Patient*
Financial Services

Standards & Regulations:

Sub Areas:

Financial Assistance Policy

POLICY

Mee Memorial Healthcare System is built on a team of dedicated health care professionals - physicians, nurses, technicians, management, trustees, volunteers, and many other devoted health care workers.

Together, we serve to protect the health of our community. Our ability to serve requires a special relationship built on trust and compassion. Through mutual trust and goodwill, Mee Memorial Healthcare System and patients will be able to meet their responsibilities. This policy is designed to strengthen that relationship to ensure that all patients receive services regardless of their ability to pay.

PURPOSE

This policy is intended to describe Mee Memorial Healthcare System's Financial Assistance (Charity Care and Discount Payment) Policy, and how Mee Memorial Healthcare System reviews the patient's financial resources to determine if financial assistance can be provided. Mee Memorial Healthcare System does not discriminate and is fair in reviewing or assessing the applications of patients who apply for financial assistance. The intent of this policy is to comply with federal, state, and local regulations. Mee Memorial Healthcare System provides financial assistance to patients and families when they are unable to pay, all or part, of their medical bill(s).

DEFINITIONS

Amount Generally Billed (AGB): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentage is updated annually.

Application: Mee Memorial Healthcare System's application form for Financial Assistance.

Gross Charges: Charges for services performed by Mee Memorial Healthcare System as published in the Charge Description Master (CDM).

Charge Description Master: A list of services accompanied by individual prices and codes used to bill for services rendered.

Charity Care: Free care provided when the patient or guarantor is not expected to pay the patient's payment obligation for items and services provided by Mee Memorial Healthcare System.

Discounted Care: A reduction from the payment obligations for items and services that are provided for cash, prompt, or advanced payment, or to certain categories of patients, e.g. self-pay patients.

Essential Living Expenses: Expenses like rent or house payment and maintenance, food, household supplies, laundry and cleaning, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses (including insurance, gas, repairs and installment payments), and other extraordinary expenses.

Family: Family is defined as

- a. **If the patient is 18 or older** (and not a dependent child):
Family includes their spouse, registered domestic partner, and dependent children of any age (including those who are disabled), whether they live at home or not.
- b. **If the patient is under 18** or is a dependent child of any age:
Family includes their parent, relatives who are caretakers, and any dependent children of the parent or caretaker (including those who are disabled), no matter their age.

Federal Income Tax Return: The Internal Revenue Service (IRS) form(s) used to report taxable income [the form(s) must be signed and dated forms that are copies of what was sent to the IRS].

Federal Poverty Level (FPL): The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under its statutory authority. These levels are set forth in Appendix C.

Financial Assistance: Charity Care and Discounted Care.

Household Income: The combined income the patient seeking Financial Assistance and his/her/their Family as determined under this Policy. Income as used here shall include any sources used to calculate the adjusted gross income, as set forth on line 11 of Form 1040, U.S. Individual Tax Return.

Medically Necessary Care: A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to either (a) protect life, to prevent significant illness or significant disability, (b) to alleviate severe pain, or (c) to prevent, diagnose or treat an illness, injury, condition or disease, the symptoms of an illness, injury, condition or disease, and (d) meets accepted standards of medicine.

Medically Unnecessary Care: Services performed within the hospital for which either the provider who referred the patient for the hospital services or the supervising health care provider for the hospital services attests that the hospital services were not medically necessary.

Out-of-Pocket-Costs: Costs in which the patient is responsible to pay from personal funds that are not reimbursed by insurance or a health coverage program, such as Co-Payments, Co-Insurance, Deductibles, Medi-Cal Share of Cost, or Non-Covered Services.

Payment Plan: A series of payment installments made over a period of time to resolve out-of-pocket costs.

Qualifying Patient: A patient who meets the financial qualifications for Financial Assistance as defined below.

Self-Pay Liability: Any balance due by the patient or guarantor.

Third-Party Coverage: An insurance policy purchased for protection of certain events (i.e. automobile or general liability coverage).

Uninsured Patient: A person who does not have any form of Health Insurance and whose injury is not a

compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

Under-insured Patient: A person whose insurance does not cover the expense of the care received.

OVERVIEW

Financial Assistance (Charity Care and Discount Payment) is not a substitute for personal responsibility; patients are expected to work with Mee Memorial Healthcare System when seeking Financial Assistance.

Mee Memorial Healthcare System is committed to providing financial assistance (Charity Care and Discount Payment) to patients who seek Emergency Medical Care or Medically Necessary care, but have limited, or no means, to pay for the care provided. Mee Memorial Healthcare System operates in accordance with this written policy:

- Defines coverage guidelines for Financial Assistance -- Complete Charity Care (free) or Discounted Payment.
- Describes how Mee Memorial Healthcare System ensures access to the Financial Assistance Program for the community
- Describes the procedures of how Mee Memorial Healthcare System determines if a patient qualifies for Complete or Discounted Payment.
- Describes the application process for patients to apply for the Mee Memorial Healthcare System Financial Assistance Program
- Describes how Mee Memorial Healthcare System limits the amount billed to patients who qualify for complete or partial financial assistance.

I. What is covered under this Financial Assistance Policy:

- A. **Covered Providers:** Financial Assistance pursuant to this Policy includes health care services provided at Mee Memorial Healthcare System owned and operated facilities listed in Appendix A. Emergency room physicians, who provide emergency medical services in a Mee Memorial general acute care facility are excluded from this policy. These emergency physicians are also required by California law to provide discounts to Uninsured Patients or patients with High Medical Costs whose Household Incomes are at or below 400 percent of the Federal Poverty Level. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs, should contact that physician's office and ask about their financial assistance policy.
- B. **Eligible Services:** The following services are excluded as ineligible for the application of Financial Assistance under this policy, except as required by law:
 - I. Medically Unnecessary Care with a provider's attestation that the hospital services are not medically necessary.
 - II. Purchases from a hospital's retail operations, such as gift shops and cafeteria.
 - III. Non-hospital services, such as physician services, that are not billed by the hospital; and
 - IV. Services that are not licensed hospital services.

II. Access to Financial Assistance Policy and Application

- A. Patients are informed of Mee Memorial Healthcare System's Financial Assistance Program in several ways, which include:
 - I. Notifications posted in all Patient Access and Emergency areas

- II. Included within Mee Memorial Healthcare System's Conditions of Admissions form
- III. Financial Assistance information is included on all Patient statements, in plain language, with phone numbers to call for further information
- IV. All Financial Assistance Program information, including Financial Assistance Policy and Application, is available on Mee Memorial Healthcare System's website
Mee Memorial Healthcare System shall ensure that this Policy is translated into each language spoken by the lesser of 1,000 or five percent of the population residing in Mee Memorial's service area and is made accessible by interpretation or alternative formats to ensure access for limited English proficient and disabled individuals.

III. Applying for Financial Assistance

A. Eligibility for Financial Assistance

- I. **Presumptive Eligibility:** Mee Memorial Healthcare System reserves the discretion to grant presumptive Financial Assistance for individuals if it determines that the individual is eligible for Financial Assistance for the care based on information other than that provided by the individual or based on a prior Financial Assistance determination.

If the patient does not or cannot respond to the application process, Mee Memorial Healthcare System will screen the patient for certain socio-economic or financial factors described below and/or utilize an independent credit-based financial assessment tool to estimate a patient's income and financial capacity. The third-party vendor electronic eligibility review uses a healthcare industry-recognized model based on public record databases. The electronic eligibility review data that supports Financial Assistance for an estimated Household Income of 200% FPL, or less, will only be applied to past patient balance. The above information helps Mee Memorial Healthcare System make an informed, good faith decision on the financial need of a patient by using the best estimates available if the patient does not or cannot provide the requested information. Examples of the socio-economic or financial factors Mee Memorial considers for presumptive eligibility for Financial Assistance include but are not limited to:

- a. The patient was granted Financial Assistance within the last 180 days.
- b. The patient's medical record that documents he/she is homeless;
- c. The patient expired with no known estate or spouse;
- d. The patient is currently incarcerated;
- e. The patient qualifies for a public benefit program including Social Security Disability Insurance, Unemployment Insurance Benefits, Medicaid, County Indigent Health, TANF, Food Stamps, WIC, etc.; or
- f. The patient meets another public benefit program's requirements that are similar to the eligibility standards in this Policy.

Mee Memorial Healthcare System will apply a presumptive Charity Care determination of 100% assistance in the following situations:

- Patient has an active Medicaid plan.
- Patient is eligible for Medicaid; or
- Patients with current active Medicaid coverage, even if they did not have Medicaid coverage on the date of service

If Mee Memorial Healthcare System determines the patient is presumptively eligible for Charity Care, the

patient will not be required to take further action and assistance will be applied to patient's past bills.

- I. **Standard Eligibility** - The level of Financial Assistance is based on several factors: Household Income, the patient's insurance plan and whether the patient has High Medical Costs. Different discount policies apply based on the Household Income level and insurance status of the patient.

Mee Memorial Healthcare System authorizes Financial Assistance as set forth in this Policy. Hospital discounts are based on the AGB threshold. Mee Memorial will limit charges to a patient eligible for Financial Assistance to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater, if this amount is lower than the discounted amounts set forth in the tables below.

Non-covered and denied services and related services provided to Medicaid-eligible beneficiaries are considered a form of Charity Care. Medicaid beneficiaries are not responsible for any form of patient financial liability besides Share of Cost, unless waived or reduced. Examples of this include but are not limited to services provided to Medicaid beneficiaries with restricted Medicaid, Medicaid pending accounts, Medicaid of other indigent care program denials, charges related to days exceeding length-of-stay limits, Medicaid claims (including out-of-state Medicaid claims) with "no payments," and any service provided to a Medicaid-eligible patient with no coverage and no payment.

Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts and other liabilities for medically necessary hospital services. Mee Memorial Healthcare System may waive or reduce Medi-Cal or Medicare Share of Cost amounts as part of Charity Care or Discounted Care.

Any decisions made under this policy, including approving or denying Financial Assistance (Charity Care or Discounted Payment), is based solely on the Patient's financial need; a patient's race, color, sex, national origin, citizenship, religion, gender identity, sexual orientation, age, or disability are not taken into account for determination.

- A. **Application Process:** To be considered for Financial Assistance under this policy, a patient or guarantor must submit a true, accurate, and complete confidential Financial Assistance Application by email, mail or online submission. The Financial Assistance Application must be completed in writing and may be completed by or with the assistance of a staff or management member of the Patient Financial Services Department. The Financial Assistance Application must be signed by the patient or the patient's legal representative and accompanied with the following documentation:

- I. Recent pay stubs from within the 6 months before or after the patient is first billed (or in preservice when Application is submitted) **OR**

- II. a copy of Federal Income Tax Return (Form 1040) for patient and spouse or domestic partner from the year the patient was first billed or 12 months prior to when the patient was first billed.

If the patient is seeking a reduction of the Medi-Cal or Medicare Share of Cost, Mee Memorial Healthcare System may require documentation of the patient's monetary assets to the extent required for Mee Memorial Healthcare System to be reimbursed under the Medicare program for Medicare bad debt. Mee Memorial Healthcare System will not consider the patient's monetary assets in determining eligibility for Charity Care or Discounted Care.

A patient, or patient's legal representative, who requests Discounted Care, Charity Care, or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. Mee Memorial Healthcare System may consider the failure to provide this information in making its determination. These documents provided for the Application will only be used in reaching a determination of

Financial Assistance and will not be used for collection activities.

An individual is considered to have submitted a complete Financial Assistance Application if he or she provides information and documentation sufficient for the hospital facility to determine whether the individual is eligible for Financial Assistance. A Financial Assistance Application is incomplete if he or she provides some, but not sufficient, information and documentation to determine eligibility for Financial Assistance.

B. Other Forms of Health Coverage – Mee Memorial Healthcare System shall make all reasonable efforts to obtain from the patient or the patient's representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient. These efforts will include helping the patient find insurance options, including, but not limited to, any of the following:

- I. Private health insurance, including coverage offered through the California Health Benefit Exchange.
- II. Medicare
- III. The Medicaid program, the California Children's Services program, or other state-funded programs designed to provide health coverage.

If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for Financial Assistance, neither application will stop eligibility for the other program.

Financial Assistance does not relieve the patient or guarantor's responsibility to ensure payment for health care services. Mee Memorial Healthcare System encourages patients to cooperate with Mee Memorial to find other sources of payment, or coverage, from public and/or private payment programs. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan if they have third-party insurance or health plan.

The patient is required to pay Mee Memorial Healthcare System the entire amount of any reimbursement sent directly to the patient or guarantor by a third-party payer for the hospital services received. If the patient receives a legal settlement, judgment or award under a liable third-party action that includes payment for health care services or medical care related to the injury, the patient or guarantor must reimburse Mee Memorial for the related health care services provided up to the amount reasonably awarded for that purpose.

C. Notification of Financial Assistance Determination: Once Mee Memorial Healthcare System has reviewed the Financial Assistance Application and has made a determination based on the Eligibility requirements stated above, the facility shall notify the individual in writing by mail of this eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for determination.

D. Effect of Financial Assistance Determination: If found eligible for Financial Assistance, whether Charity Care or Discounted Care, the facility shall provide the individual with a billing statement that states the amount the individual now owes for the care, how that amount was determined and how the individual can get information regarding the Amounts Generally Billed ("AGB") for the care.

- I. **AGB** - Mee Memorial Healthcare System uses the look-back method described in IRS regulations at 26 C.F.R. §1.501(r)-5 to determine amounts generally billed to individuals who have insurance. To calculate amounts generally billed under the look-back method, Mee Memorial will determine the sum of all of the allowed amounts for all claims allowed for all medical care during a prior 12-month period by Medicare fee-for-service that pay claims to Mee Memorial Healthcare System. The sum of such allowed amounts are then divided by the sum of Mee Memorial's gross charges for those claims to determine the amounts generally billed or "AGB" percentage. The AGB percentage will be

multiplied by Mee Memorial's gross charges for the patient's encounter to determine the maximum amount that a FAP-eligible individual may be charged for emergency and other medically necessary care. The AGB percentage is based on the 12-month period of October 1 – September 30 and will be reviewed and updated annually, with changes to take effect on January 1 of each year. The current AGB rate for Mee Memorial is 29.76%.

- II. **Payment Plan** - If found eligible for Discounted Care, the patient may enter into an extended payment plan to allow payment over time. The hospital and the patient shall negotiate the terms of the payment plan and take into consideration the patient's Household Income, Essential Living Expenses, and the availability of a health savings account of the patient or the patient's family. If the hospital and the patient cannot agree on the payment plan, the hospital shall create a payment plan where monthly payments will not be more than 10 percent of a patient's Household Income for a month, excluding deductions for Essential Living Expenses.
- III. **Refunds** - If appropriate, the facility shall refund the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying after Financial Assistance has been applied. The hospital shall make any refunds under this section within 30 days of the determination of eligibility for Financial Assistance. Any interest owed by the hospital to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the hospital. However, Mee Memorial Healthcare System may choose not to reimburse the patient if Mee Memorial determines the patient would have qualified for Financial Assistance at the time the patient was first billed and it has either (i) been five years or more since the last payment to the hospital, assignee or debt buyer or (ii) the patient's debt was sold before January 1, 2022, in accordance with the law at the time.
- IV. **Approval Period** - The Financial Assistance approval is good for 180 days after the approval is granted. The adjustment will be applied to all eligible patient account balances, including those received before the application approval date. For bills received after 180 days from when the Financial Assistance is approved, a new Financial Assistance Application will need to be filled out if the patient is seeking Financial Assistance for those bills.
- V. **Amounts of Assistance –**
 - a. If patients are uninsured, based on the information provided to Mee Memorial Healthcare System, Patients can qualify for the following:
 - Household income less than or equal to 200% of the FPL -- 100% assistance
 - Household income greater than 200 and less than 300% of the FPL -- 50% assistance towards AGB (Discount)
 - Household income greater than 300-400% of the FPL -- 35% assistance towards AGB (Discount)
 - Household income greater than 400% of the FPL -- does not qualify for Financial Assistance Program.
 - b. Patients with Commercial Insurance, Non-Contracted Managed Care Plans, and High medical Costs may qualify for the following:
 - Household income is less than or equal to 400% of the FPL – patient responsibility will be limited to AGB reduced by applicable insurance payments, if any

- Household income greater than 400% of FPL -- does not qualify for Financial Assistance Program

- E. **Appeal of Financial Assistance Determination:** Patients may submit a written request for reconsideration to the Chief Financial Officer of Mee Memorial Healthcare System. Such an appeal should demonstrate that the individual either:
- I. Believes their Financial Assistance Application was not approved according to this policy; or
 - II. Disagrees with the way the policy was applied to their case Appeal must be submitted within 30 days of the date of the decision letter.
- The Financial Officer will be the final level of appeal.
- F. **Change in Circumstances** If at any time information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide Mee Memorial Healthcare System with the updated information. Mee Memorial will consider the patient's changed circumstances in determining eligibility for Financial Assistance.
- Mee Memorial Healthcare System may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate.
- G. **How to Ask for Help More** information about Financial Assistance and paper copies of this Policy and Application are available from any hospital registration area or by phone at (831) 386-7306.

REFERENCES

[Poverty Guidelines | ASPE \(hhs.gov\)](#)

HRSA National Health Services Corps Site Reference Guide 5.2024

Attachments

-  [Financial Assistance Policy Appendix A.docx](#)
-  [Financial Assistance Policy Appendix B.docx](#)
-  [Financial Assistance Policy Appendix C.docx](#)

Approval Signatures

Approver	Date
Rena Salamacha: Chief Executive Officer	09/2025
Emily Emery-Shea: Chief Financial Officer	09/2025
Letty Trujillo: Manager of PFS	09/2025
Emily Emery-Shea: Chief Financial Officer	09/2025

APPENDIX A: Covered Facility List

Mee Memorial Hospital (300 Canal St., King City CA 93930)

King City Clinic (210 Canal St., King City CA 93930)

Albert and Donna Oliveira Clinic (467 El Camino Real, Greenfield CA 93927)

Children's Health and Wellness Center (809 Broadway St. Suite D, King City CA
93930)

Rehabilitative/Physical Therapy Services (809 Broadway St. Suite C, King City CA
93930)

APPENDIX B: Non-Covered Providers List

Adam Holleran, A Prof Med Corp
Aiga R. Charles M.D. Incorporated
Assoc Pathology Med Group
Associated Surgeons of San Luis Obispo
Bates Physician Group, P.C.
Coastal Anesthesiology Medical Associates
Fao Nephrology Specialists
Gilbert Flores, M.D.
Jan Eperjesi MD Medical Corporation
Jay Cooper M.D., Inc
Lant Abernathy, MD
Maria Flores-Cooper, MD
Mary Coleman, MD, MPH
Monterey County Eye Associates
Natividad Medical Center
Pacific Rehabilitation & Pain, Inc.
Robert W.E. Fry, MD Inc.
Roderick B. Pagsolingan, D.P.M.
Rural Physicians Management Company LLC
Thomas Bosshardt, MD
Timothy Watson M.D., Radiology Services Group
Valley Children's Healthcare
Victor A. Holmes, MD
Vituity (CEP America – California)

APPENDIX C: Federal Poverty Levels

2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,825.00	11,737.50	15,650.00	19,562.50	20,345.00	20,814.50	21,127.50	21,597.00	23,475.00	27,387.50	28,170.00	28,952.50
2	10,575.00	15,862.50	21,150.00	26,437.50	27,495.00	28,129.50	28,552.50	29,187.00	31,725.00	37,012.50	38,070.00	39,127.50
3	13,325.00	19,987.50	26,650.00	33,312.50	34,645.00	35,444.50	35,977.50	36,777.00	39,975.00	46,637.50	47,970.00	49,302.50
4	16,075.00	24,112.50	32,150.00	40,187.50	41,795.00	42,759.50	43,402.50	44,367.00	48,225.00	56,262.50	57,870.00	59,477.50
5	18,825.00	28,237.50	37,650.00	47,062.50	48,945.00	50,074.50	50,827.50	51,957.00	56,475.00	65,887.50	67,770.00	69,652.50
6	21,575.00	32,362.50	43,150.00	53,937.50	56,095.00	57,389.50	58,252.50	59,547.00	64,725.00	75,512.50	77,670.00	79,827.50
7	24,325.00	36,487.50	48,650.00	60,812.50	63,245.00	64,704.50	65,677.50	67,137.00	72,975.00	85,137.50	87,570.00	90,002.50
8	27,075.00	40,612.50	54,150.00	67,687.50	70,395.00	72,019.50	73,102.50	74,727.00	81,225.00	94,762.50	97,470.00	100,177.50
9	29,825.00	44,737.50	59,650.00	74,562.50	77,545.00	79,334.50	80,527.50	82,317.00	89,475.00	104,387.50	107,370.00	110,352.50
10	32,575.00	48,862.50	65,150.00	81,437.50	84,695.00	86,649.50	87,952.50	89,907.00	97,725.00	114,012.50	117,270.00	120,527.50
11	35,325.00	52,987.50	70,650.00	88,312.50	91,845.00	93,964.50	95,377.50	97,497.00	105,975.00	123,637.50	127,170.00	130,702.50
12	38,075.00	57,112.50	76,150.00	95,187.50	98,995.00	101,279.50	102,802.50	105,087.00	114,225.00	133,262.50	137,070.00	140,877.50
13	40,825.00	61,237.50	81,650.00	102,062.50	106,145.00	108,594.50	110,227.50	112,677.00	122,475.00	142,887.50	146,970.00	151,052.50
14	43,575.00	65,362.50	87,150.00	108,937.50	113,295.00	115,909.50	117,652.50	120,267.00	130,725.00	152,512.50	156,870.00	161,227.50

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,300.00	35,212.50	39,125.00	43,037.50	46,950.00	50,862.50	54,775.00	58,687.50	62,600.00	78,250.00	93,900.00	109,550.00
2	42,300.00	47,587.50	52,875.00	58,162.50	63,450.00	68,737.50	74,025.00	79,312.50	84,600.00	105,750.00	126,900.00	148,050.00
3	53,300.00	59,962.50	66,625.00	73,287.50	79,950.00	86,612.50	93,275.00	99,937.50	106,600.00	133,250.00	159,900.00	186,550.00
4	64,300.00	72,337.50	80,375.00	88,412.50	96,450.00	104,487.50	112,525.00	120,562.50	128,600.00	160,750.00	192,900.00	225,050.00
5	75,300.00	84,712.50	94,125.00	103,537.50	112,950.00	122,362.50	131,775.00	141,187.50	150,600.00	188,250.00	225,900.00	263,550.00
6	86,300.00	97,087.50	107,875.00	118,662.50	129,450.00	140,237.50	151,025.00	161,812.50	172,600.00	215,750.00	258,900.00	302,050.00
7	97,300.00	109,462.50	121,625.00	133,787.50	145,950.00	158,112.50	170,275.00	182,437.50	194,600.00	243,250.00	291,900.00	340,550.00
8	108,300.00	121,837.50	135,375.00	148,912.50	162,450.00	175,987.50	189,525.00	203,062.50	216,600.00	270,750.00	324,900.00	379,050.00
9	119,300.00	134,212.50	149,125.00	164,037.50	178,950.00	193,862.50	208,775.00	223,687.50	238,600.00	298,250.00	357,900.00	417,550.00
10	130,300.00	146,587.50	162,875.00	179,162.50	195,450.00	211,737.50	228,025.00	244,312.50	260,600.00	325,750.00	390,900.00	456,050.00
11	141,300.00	158,962.50	176,625.00	194,287.50	211,950.00	229,612.50	247,275.00	264,937.50	282,600.00	353,250.00	423,900.00	494,550.00
12	152,300.00	171,337.50	190,375.00	209,412.50	228,450.00	247,487.50	266,525.00	285,562.50	304,600.00	380,750.00	456,900.00	533,050.00
13	163,300.00	183,712.50	204,125.00	224,537.50	244,950.00	265,362.50	285,775.00	306,187.50	326,600.00	408,250.00	489,900.00	571,550.00
14	174,300.00	196,087.50	217,875.00	239,662.50	261,450.00	283,237.50	305,025.00	326,812.50	348,600.00	435,750.00	522,900.00	610,050.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

