

Discount Schedule Based on 2024 HHS Poverty Guidelines - Annual

	B/H		C/I		D/J		E/K		No Discount
	0-100% FPL *		101-133% FPL *		134-166% FPL *		167-200% FPL *		Over 200% FPL *
	Medical - \$35 office visit		Medical - \$55 office visit		Medical - \$80 office visit		Medical - \$105 office visit		No Discount
	Dental - \$35 routine visit		Dental - 30% routine services		Dental - 60% routine services		Dental - 75% routine services		No Discount
	Eye Care - \$35 office visit		Eye Care - \$55 office visit		Eye Care - \$80 office visit		Eye Care - \$105 office visit		No Discount
Family Size	From	To	From	To	From	To	From	To	Over
1	\$0.00	\$15,060.00	\$15,060.01	\$20,180.40	\$20,180.41	\$25,150.20	\$25,150.21	\$30,120.00	\$30,120.01
2	\$0.00	\$20,440.00	\$20,440.01	\$27,389.60	\$27,389.61	\$34,134.80	\$34,134.81	\$40,880.00	\$40,880.01
3	\$0.00	\$25,820.00	\$25,820.01	\$34,598.80	\$34,598.81	\$43,119.40	\$43,119.41	\$51,640.00	\$51,640.01
4	\$0.00	\$31,200.00	\$31,200.01	\$41,808.00	\$41,808.01	\$52,104.00	\$52,104.01	\$62,400.00	\$62,400.01
5	\$0.00	\$36,580.00	\$36,580.01	\$49,017.20	\$49,017.21	\$61,088.60	\$61,088.61	\$73,160.00	\$73,160.01
6	\$0.00	\$41,960.00	\$41,960.01	\$56,226.40	\$56,226.41	\$70,073.20	\$70,073.21	\$83,920.00	\$83,920.01
7	\$0.00	\$47,340.00	\$47,340.01	\$63,435.60	\$63,435.61	\$79,057.80	\$79,057.81	\$94,680.00	\$94,680.01
8	\$0.00	\$52,720.00	\$52,720.01	\$70,644.80	\$70,644.81	\$88,042.40	\$88,042.41	\$105,440.00	\$105,440.01
For each additional person, add		\$5,380							

NOTE: THIS SCHEDULE IS BASED ON THE
POVERTY GUIDELINES AS PUBLISHED AT:

Approved On: Administrative approval pending Board approval
Date Effective: 1/18/2024

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Pending Board approval
Ramona Malone, President

Robert Kraft, MD - Chief Executive Officer

* FPL - Federal Poverty Guidelines

** Complete discount schedule available upon request