

## 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: \_\_\_\_\_  
Date Effective: 1/23/2024

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

\_\_\_\_\_  
Ramona Malone, President

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Robert Kraft, MD - Chief Executive Officer

\* FPL - Federal Poverty Guidelines

\*\* Complete discount schedule available upon request

## Guía de descuentos basado en las pautas de pobreza del HHS de 2024 – Annual

	B/H		C/I		D/J		E/K		Sin descuento
	0-100% FPL*		101-133% FPL*		134-166% FPL*		167-200% FPL*		Más del 200 % FPL*
	Médico: \$35 visita al consultorio		Médico: \$55 visita al consultorio		Médico: \$80 visita al consultorio		Médico: \$105 visita al consultorio		Sin descuento
	Dental - \$35 visita de rutina		Dental: 30 % servicios de rutina		Dental: 60 % servicios de rutina		Dental: 75 % servicios de rutina		Sin descuento
	Visión- \$35 visita al consultorio		Visión- \$55 visita al consultorio		Visión- \$80 visita al consultorio		Visión- \$105 visita al consultorio		Sin descuento
Tamaño de familia	Desde	Hasta	Desde	Hasta	Desde	Hasta	Desde	Hasta	Mayor
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
<b>Por cada persona adicional añada</b>		<b>\$5,380</b>							

NOTA: ESTE PROGRAMA ESTÁ BASADO CON LAS PAUTAS DE POBREZA PUBLICADAS EN:

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

Aprobado el: \_\_\_\_\_  
 Fecha efectiva: 1/23/2024 \_\_\_\_\_

\_\_\_\_\_  
 Ramona Malone, Presidente

\_\_\_\_\_  
 Robert Kraft, MD - Director Ejecutivo

\*FPL (por sus siglas en ingles) -pautas federales de pobreza  
 \*\*Programa de descuento completo disponible por requisito