

## 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	\$15,650.00	\$15,650.01	\$20,971.00	\$20,971.01	\$26,135.50	\$26,135.51	\$31,300.00	\$31,300.01
2	\$0.00	\$21,150.00	\$21,150.01	\$28,341.00	\$28,341.01	\$35,320.50	\$35,320.51	\$42,300.00	\$42,300.01
3	\$0.00	\$26,650.00	\$26,650.01	\$35,711.00	\$35,711.01	\$44,505.50	\$44,505.51	\$53,300.00	\$53,300.01
4	\$0.00	\$32,150.00	\$32,150.01	\$43,081.00	\$43,081.01	\$53,690.50	\$53,690.51	\$64,300.00	\$64,300.01
5	\$0.00	\$37,650.00	\$37,650.01	\$50,451.00	\$50,451.01	\$62,875.50	\$62,875.51	\$75,300.00	\$75,300.01
6	\$0.00	\$43,150.00	\$43,150.01	\$57,821.00	\$57,821.01	\$72,060.50	\$72,060.51	\$86,300.00	\$86,300.01
7	\$0.00	\$48,650.00	\$48,650.01	\$65,191.00	\$65,191.01	\$81,245.50	\$81,245.51	\$97,300.00	\$97,300.01
8	\$0.00	\$54,150.00	\$54,150.01	\$72,561.00	\$72,561.01	\$90,430.50	\$90,430.51	\$108,300.00	\$108,300.01
<b>Por cada persona adicional añada</b>		<b>\$5,500</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: 1/28/2025  
 Fecha efectiva: 1/17/2025

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 Rafael Mendez, Presidente

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 Robert Kraft, MD - Director Ejecutivo

\*FPL (por sus siglas en ingles) -pautas federales de pobreza

\*\*Programa de descuento completo disponible por requisito

## 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	\$15,650.00	\$15,650.01	\$20,971.00	\$20,971.01	\$26,135.50	\$26,135.51	\$31,300.00	\$31,300.01
2	\$0.00	\$21,150.00	\$21,150.01	\$28,341.00	\$28,341.01	\$35,320.50	\$35,320.51	\$42,300.00	\$42,300.01
3	\$0.00	\$26,650.00	\$26,650.01	\$35,711.00	\$35,711.01	\$44,505.50	\$44,505.51	\$53,300.00	\$53,300.01
4	\$0.00	\$32,150.00	\$32,150.01	\$43,081.00	\$43,081.01	\$53,690.50	\$53,690.51	\$64,300.00	\$64,300.01
5	\$0.00	\$37,650.00	\$37,650.01	\$50,451.00	\$50,451.01	\$62,875.50	\$62,875.51	\$75,300.00	\$75,300.01
6	\$0.00	\$43,150.00	\$43,150.01	\$57,821.00	\$57,821.01	\$72,060.50	\$72,060.51	\$86,300.00	\$86,300.01
7	\$0.00	\$48,650.00	\$48,650.01	\$65,191.00	\$65,191.01	\$81,245.50	\$81,245.51	\$97,300.00	\$97,300.01
8	\$0.00	\$54,150.00	\$54,150.01	\$72,561.00	\$72,561.01	\$90,430.50	\$90,430.51	\$108,300.00	\$108,300.01
For each additional person, add		\$5,500							

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

Approved On: 1/28/2025  
Date Effective: 1/17/2025

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

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Rafael Mendez, President

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Robert Kraft, MD - Chief Executive Officer

\* FPL - Federal Poverty Guidelines

\*\* Complete discount schedule available upon request