

WMC Westchester Health Medical Center

Westchester Medical Center Health Network

FEDERAL POVERTY GUIDELINES

The Department of Health and Human Services publishes updates to the Federal Poverty Level on its web site at http://aspe.os.dhhs.gov/poverty/xxpoverty.shtml (where XX indicates the specific year i.e. 24 for 2024).

For example purposes only, the table below reflects 2024 Federal Poverty Guidelines. However, the determination of eligibility for Financial Assistance will be based on the current year guidelines at the time of the patient's application for assistance.

Table B1 – Calculation of Income Levels for Determining Eligibility for Financial Assistance

2024 CALCULATION OF INCOME LEVELS FOR **DETERMINING CHARITY CARE**

		Level I	Le	vel II	Leve	el III	Level IV
Persons in Family Unit	48 Contiguous US States	< = 250% FPL	251% - 3	350% FPL	351% - 5	00% FPL	OOP > 20% of Income
I alliny Offic	and D.C.	100%	50% E	Discount	30% D	iscount	50% Discount
			Betw	een	Between		
		<u>250%</u>	<u>251%</u>	<u>350%</u>	<u>351%</u>	<u>500%</u>	
1	\$15,060	\$37,650	\$37,651	\$52,710	\$52,711	\$75,300	
2	\$20,440	\$51,100	\$51,101	\$71,540	\$71,541	\$102,200	
3	\$25,820	\$64,550	\$64,551	\$90,370	\$90,371	\$129,100	Family Income
4	\$31,200	\$78,000	\$78,001	\$109,200	\$109,201	\$156,000	multiplied by 20% to
5	\$36,580	\$91,450	\$91,451	\$128,030	\$128,031	\$182,900	determine
6	\$41,960	\$104,900	\$104,901	\$146,860	\$146,861	\$209,800	maximum out- of-pocket
7	\$47,340	\$118,350	\$118,351	\$165,690	\$165,691	\$236,700	expense to be
8	\$52,720	\$131,800	\$131,801	\$184,520	\$184,521	\$263,600	incurred. Once reached, then



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Ea. Addt'l \$5,380 \$13,450 \$18,830 \$18,831 \$26,900 50% discount
