



Discounted Financial Assistance Guidelines for the **Uninsured**

Effective with Financial Assistance Determinations on or after January 17, 2025

Source: <https://aspe.hhs.gov/poverty-guidelines>

Persons in Family or Household	2025 HHS Poverty Guidelines (PG)	200% OF POVERTY LEVEL	201%-300% OF POVERTY LEVEL *
1	\$ 15,650	\$ 31,300	\$ 46,950
2	\$ 21,150	\$ 42,300	\$ 63,450
3	\$ 26,650	\$ 53,300	\$ 79,950
4	\$ 32,150	\$ 64,300	\$ 96,450
5	\$ 37,650	\$ 75,300	\$ 112,950
6	\$ 43,150	\$ 86,300	\$ 129,450
7	\$ 48,650	\$ 97,300	\$ 145,950
8	\$ 54,150	\$ 108,300	\$ 162,450
each additional person	\$ 5,500	\$ 11,000	\$ 16,500
DISCOUNT/WRITE-OFF		100%	70%

* Discount does not apply to account balances after insurance pays



Discounted Financial Assistance Guidelines for the **INSURED**

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8	\$ 54,150	\$ 108,300	\$ 162,450
each additional person	\$ 5,500	\$ 11,000	\$ 16,500
DISCOUNT/WRITE-OFF		100%	30%

* Catastrophic charity may be applied if medical bill balances exceed 30% of household income per information provided on the FAP application