



**2015 Federal Poverty Guidelines**  
**ANNUAL INCOME LIMITS**

FPG %	0-5%		5.01-100%		100.01-200%		200.01-250%		251.01-350%		350.01%-OVER	
FPG-Group	GROUP-A		GROUP-B		GROUP-C		GROUP-D		GROUP-E		Full Charges	
Medical Pt. Co-pay	\$20.00		\$30.00		\$35.00		\$40.00		\$100.00		Full Charges	
Dental Pt. Co-pay	\$30.00		\$45.00		\$55.00		\$60.00		\$100.00		Full Charges	
MH/SA Pt. Copay	\$0.00		\$0.00		\$100.00		\$150.00		\$200.00		Full Charges	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	\$0	\$588	\$589	\$11,770	\$11,771	\$23,540	\$23,541	\$29,425	\$29,426	\$41,195	\$41,196	OVER INCOME
2	\$0	\$775	\$776	\$15,510	\$15,511	\$31,020	\$31,021	\$38,775	\$38,776	\$54,285	\$54,286	OVER INCOME
3	\$0	\$976	\$977	\$19,530	\$19,531	\$39,060	\$39,061	\$48,825	\$48,826	\$68,355	\$68,356	OVER INCOME
4	\$0	\$1,177	\$1,178	\$23,550	\$23,551	\$47,100	\$47,101	\$58,875	\$58,876	\$82,425	\$82,426	OVER INCOME
5	\$0	\$1,378	\$1,379	\$27,570	\$27,571	\$55,140	\$55,141	\$68,925	\$68,926	\$96,495	\$96,496	OVER INCOME
6	\$0	\$1,579	\$1,580	\$31,590	\$31,591	\$63,180	\$63,181	\$78,975	\$78,976	\$110,565	\$110,566	OVER INCOME
7	\$0	\$1,780	\$1,781	\$35,610	\$35,611	\$71,220	\$71,221	\$89,025	\$89,026	\$124,635	\$124,636	OVER INCOME
8	\$0	\$1,981	\$1,982	\$39,630	\$39,631	\$79,260	\$79,261	\$99,075	\$99,076	\$138,705	\$138,706	OVER INCOME

**2015 Federal Poverty Guidelines**  
**MONTHLY INCOME LIMITS**

FPG %	0-5%		5.01-100%		100.01-200%		200.01-250%		251.01-350%		350.01%-OVER	
FPG-Group	GROUP-A		GROUP-B		GROUP-C		GROUP-D		GROUP-E		Full Charges	
Medical Pt. Co-pay	\$20.00		\$30.00		\$35.00		\$40.00		\$100.00		Full Charges	
Dental Pt. Co-pay	\$30.00		\$45.00		\$55.00		\$60.00		\$100.00		Full Charges	
MH/SA Pt. Copay	\$0.00		\$0.00		\$100.00		\$150.00		\$200.00		Full Charges	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	\$0	\$49	\$50	\$981	\$982	\$1,962	\$1,963	\$2,452	\$2,453	\$3,433	\$3,434	OVER INCOME
2	\$0	\$65	\$66	\$1,293	\$1,294	\$2,585	\$2,586	\$3,231	\$3,232	\$4,524	\$4,525	OVER INCOME
3	\$0	\$81	\$82	\$1,628	\$1,629	\$3,255	\$3,256	\$4,069	\$4,070	\$5,696	\$5,697	OVER INCOME
4	\$0	\$98	\$99	\$1,963	\$1,964	\$3,925	\$3,926	\$4,906	\$4,907	\$6,869	\$6,870	OVER INCOME
5	\$0	\$115	\$116	\$2,298	\$2,299	\$4,595	\$4,596	\$5,744	\$5,745	\$8,041	\$8,042	OVER INCOME
6	\$0	\$132	\$133	\$2,633	\$2,634	\$5,265	\$5,266	\$6,581	\$6,582	\$9,214	\$9,215	OVER INCOME
7	\$0	\$148	\$149	\$2,968	\$2,969	\$5,935	\$5,936	\$7,419	\$7,420	\$10,386	\$10,387	OVER INCOME
8	\$0	\$165	\$166	\$3,303	\$3,304	\$6,605	\$6,606	\$8,256	\$8,257	\$11,559	\$11,560	OVER INCOME

**Note:** For families with more than 8 persons, add \$4,160 for each additional person.

**Note:** Patients that fall on **Group E and over** are not eligible for **Uncompensated Care Program** will be selected as **SELF PAY**.  
Family Planning Title X patients tha have an income below 100% of the poverty guidelines are eligible for subsidized cara at **low or no cost**.  
Patients with financial concerns may ask to speak with the Department Coordinator.  
Patients are charged based on a sliding fee scale from the Federal Poverty Guidelines.  
The Health Center provide services to patients regardless of ability to pay