

# Poverty Ranges for Sliding Fee Program Uninsured

## 48 Contiguous States

Family Size	Sliding Fee Plan							
	Uninsured A		Uninsured B		Uninsured C		Uninsured D	
1	\$0.00	- \$12,760.00	\$12,760.01	- \$25,520.00	\$25,520.01	- \$38,280.00	≥	\$38,280.01
2	\$0.00	- \$17,240.00	\$17,240.01	- \$34,480.00	\$34,480.01	- \$51,720.00	≥	\$51,720.01
3	\$0.00	- \$21,720.00	\$21,720.01	- \$43,440.00	\$43,440.01	- \$65,160.00	≥	\$65,160.01
4	\$0.00	- \$26,200.00	\$26,200.01	- \$52,400.00	\$52,400.01	- \$78,600.00	≥	\$78,600.01
5	\$0.00	- \$30,680.00	\$30,680.01	- \$61,360.00	\$61,360.01	- \$92,040.00	≥	\$92,040.01
6	\$0.00	- \$35,160.00	\$35,160.01	- \$70,320.00	\$70,320.01	- \$105,480.00	≥	\$105,480.01
7	\$0.00	- \$39,640.00	\$39,640.01	- \$79,280.00	\$79,280.01	- \$118,920.00	≥	\$118,920.01
8	\$0.00	- \$44,120.00	\$44,120.01	- \$88,240.00	\$88,240.01	- \$132,360.00	≥	\$132,360.01
Each additional person	\$0.00	- \$4,480.00	\$4,480.01	- \$8,960.00	\$8,960.01	- \$13,440.00	≥	\$13,440.01

\$25

\$50

\$75

\$100

Name: \_\_\_\_\_.

Date: \_\_\_\_\_.

Family Size: \_\_\_\_\_.

Total Household Income: \$ \_\_\_\_\_.