

INCOME ELIGIBILITY TABLES

Effective January 17, 2020 – January 31, 2021

These tables determine income eligibility for the Breast, Cervical and Colon Health Program based on Federal Poverty Level (FPL):

Gross Yearly Income		
Family Size	250% FPL	300% FPL
1	\$31,900	\$38,280
2	\$43,100	\$51,720
3	\$54,300	\$65,160
4	\$65,500	\$78,600
5	\$76,700	\$92,040
6	\$87,900	\$105,480
7	\$99,100	\$118,920
8	\$110,300	\$132,360
8+ Add per each additional member	\$11,200	\$13,440

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$2,658	\$3,190
2	\$3,592	\$4,310
3	\$4,525	\$5,430
4	\$5,458	\$6,550
5	\$6,392	\$7,670
6	\$7,325	\$8,790
7	\$8,258	\$9,910
8	\$9,192	\$11,030
8+ Add per each additional member	\$933	\$1,120