

INCOME ELIGIBILITY TABLES

Effective January 19, 2018 – January 31, 2019

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	\$ 30,350	\$ 36,420
2	\$ 41,150	\$ 49,380
3	\$ 51,950	\$ 62,340
4	\$ 62,750	\$ 75,300
5	\$ 73,550	\$ 88,260
6	\$ 84,350	\$ 101,220
7	\$ 95,150	\$ 114,180
8	\$ 105,950	\$ 127,140
8+ Add per each additional	\$ 10,800	\$ 12,960

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$ 2,529	\$ 3,035
2	\$ 3,429	\$ 4,115
3	\$ 4,329	\$ 5,195
4	\$ 5,229	\$ 6,275
5	\$ 6,129	\$ 7,355
6	\$ 7,029	\$ 8,435
7	\$ 7,929	\$ 9,515
8	\$ 8,829	\$ 10,595
8+ Add per each additional member	\$ 900	\$ 1,080