Federal Poverty Guidelines for Year 2009 All States (Except Alaska and Hawaii)

Family Size	100%		Up to 200%		201-250%		Patient Liability	251-300%		Patient Liability	301-350%		Patient Liability	351-400%		Patient Liability
	Year	Month	Annual	Month	Annual	Month	Maximum	Annual	Month	Maximum	Annual	Month	Maximum	Annual	Month	Maximum
1	$10,830	$903	$21,660	$1,805	$27,075	$2,256	$4,513	$32,490	$2,708	$5,415	$37,905	$3,159	$6,318	$43,320	$3,610	$7,220
2	$14,570	$1,214	$29,140	$2,428	$36,425	$3,035	$6,071	$43,710	$3,643	$7,285	$50,995	$4,250	$8,499	$58,280	$4,857	$9,713
3	$18,310	$1,526	$36,620	$3,052	$45,775	$3,815	$7,629	$54,930	$4,578	$9,155	$64,085	$5,340	$10,681	$73,240	$6,103	$12,207
4	$22,050	$1,838	$44,100	$3,675	$55,125	$4,594	$9,188	$66,150	$5,513	$11,025	$77,175	$6,431	$12,863	$88,200	$7,350	$14,700
5	$25,790	$2,149	$51,580	$4,298	$64,475	$5,373	$10,746	$77,370	$6,448	$12,895	$90,265	$7,522	$15,044	$103,160	$8,597	$17,193
6	$29,530	$2,461	$59,060	$4,922	$73,825	$6,152	$12,304	$88,590	$7,383	$14,765	$103,355	$8,613	$17,226	$118,120	$9,843	$19,687
7	$33,270	$2,773	$66,540	$5,545	$83,175	$6,931	$13,863	$99,810	$8,318	$16,635	$116,445	$9,704	$19,408	$133,080	$11,090	$22,180
8	$37,010	$3,084	$74,020	$6,168	$89,000	$7,417	$14,833	$111,030	$9,253	$18,505	$129,535	$10,383	$20,766	$148,040	$12,337	$24,673
*	$ 3,740	$312	$7,480	$623	$9,350	$779		$11,220	$935		$13,090	$1,091		$14,960	$1,247	
Patient Liability Classification		0% INDIGENT		0% INDIGENT		10% up to: CHARITY			20% up to: CHARITY			30% up to: CHARITY			35% up to: CHARITY	

* For family units of more than 8 members, add $3,740