

Federal Poverty Guidelines for Year 2010 All States (Except Alaska and Hawaii)

| Family Siz | 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 | \$10,800 | \$900 | \$21,600 | \$1,800 | \$27,000 | \$2,250 | \$4,500 | \$32,400 | \$2,700 | \$5,400 | \$37,800 | \$3,150 | \$6,300 | \$43,200 | \$3,600 | \$7,200 | |
| 2 | \$14,600 | \$1,217 | \$29,200 | \$2,433 | \$36,500 | \$3,042 | \$6,083 | \$43,800 | \$3,650 | \$7,300 | \$51,100 | \$4,258 | \$8,517 | \$58,400 | \$4,867 | \$9,733 | |
| 3 | \$18,300 | \$1,525 | \$36,600 | \$3,050 | \$45,750 | \$3,813 | \$7,625 | \$54,900 | \$4,575 | \$9,150 | \$64,050 | \$5,338 | \$10,675 | \$73,200 | \$6,100 | \$12,200 | |
| 4 | \$22,100 | \$1,842 | \$44,200 | \$3,683 | \$55,250 | \$4,604 | \$9,208 | \$66,300 | \$5,525 | \$11,050 | \$77,350 | \$6,446 | \$12,892 | \$88,400 | \$7,367 | \$14,733 | |
| 5 | \$25,800 | \$2,150 | \$51,600 | \$4,300 | \$64,500 | \$5,375 | \$10,750 | \$77,400 | \$6,450 | \$12,900 | \$90,300 | \$7,525 | \$15,050 | \$103,200 | \$8,600 | \$17,200 | |
| 6 | \$29,500 | \$2,458 | \$59,000 | \$4,917 | \$73,750 | \$6,146 | \$12,292 | \$88,500 | \$7,375 | \$14,750 | \$103,250 | \$8,604 | \$17,208 | \$118,000 | \$9,833 | \$19,667 | |
| 7 | \$33,300 | \$2,775 | \$66,600 | \$5,550 | \$83,250 | \$6,938 | \$13,875 | \$99,900 | \$8,325 | \$16,650 | \$116,550 | \$9,713 | \$19,425 | \$133,200 | \$11,100 | \$22,200 | |
| 8 | \$37,000 | \$3,083 | \$74,000 | \$6,167 | \$89,000 | \$7,417 | \$14,833 | \$111,000 | \$9,250 | \$18,500 | \$129,500 | \$10,383 | \$20,766 | \$148,000 | \$12,333 | \$24,667 | |
| * | \$ 3,700 | \$308 | \$7,400 | \$617 | \$9,250 | \$771 | | \$11,100 | \$925 | | \$12,950 | \$1,079 | | \$14,800 | \$1,233 | | |
| Patient Liability | | 0% | | 0% | | 10% up to: | | 20% up to: | | 30% up to: | | 35% up to: | | | | | |
| Classification | | INDIGENT | | INDIGENT | | CHARITY | | CHARITY | | CHARITY | | CHARITY | | CHARITY | | | |

* For family units of more than 8 members, add \$3,700