

effective 1/16/26

YEARLY		Between this income level and the previous level, write-off as a % of charges the discount % shown	MAGI MEDICAID	Between this income level and the previous level, write-off as a % of charges the discount % shown	Over previous income level, write-off as a % of charges the discount % shown
		HFA 100%	MAGI 138%	Partial discount 80%	Self-Pay Discount 40%
Family Size	Federal Poverty Guideline (FPG)*	200% FPG	138% FPG	300% FPG	Greater than 300% FPG
1	\$15,960	\$31,920	\$22,024.80	\$47,880	
2	\$21,640	\$43,280	\$29,863.20	\$64,920	
3	\$27,320	\$54,640	\$37,701.60	\$81,960	
4	\$33,000	\$66,000	\$45,540.00	\$99,000	
5	\$38,680	\$77,360	\$53,378.40	\$116,040	
6	\$44,360	\$88,720	\$61,216.80	\$133,080	
7	\$50,040	\$100,080	\$69,055.20	\$150,120	
8	\$55,750	\$111,500	\$76,935.00	\$167,250	
Each additional	\$5,680				