

2024 FPG
Effective 01/12/2024

YEARLY		Below this income level, write-off as a % of charges the discount % shown below	MAGI MEDICAID	Between this income level write-off as a % of charges the discount % shown	Between this income level and the previous level, write-off as a % of charges the discount % shown	Between this income level and the previous level, write-off as a % of charges the discount % shown	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
		HCAP 100%	MAGI 138%	HFA 0-100%	HFA 100%	Refer to BS/Mercy FA Sliding Scale for partial % per facility	Refer to BS/Mercy FA Sliding Scale for partial % per facility	Self-Pay Discount 40%
Family Size	Federal Poverty Guideline (FPG)*	100% FPG	138%	100%	200% FPG	300% FPG	400% FPG	Greater than 400% FPG
1	\$15,060	\$15,060	\$20,782.80	\$15,060	\$30,120	\$45,180	\$60,240	
2	\$20,440	\$20,440	\$28,207.20	\$20,440	\$40,880	\$61,320	\$81,760	
3	\$25,820	\$25,820	\$35,631.60	\$25,820	\$51,640	\$77,460	\$103,280	
4	\$31,200	\$31,200	\$43,056.00	\$31,200	\$62,400	\$93,600	\$124,800	
5	\$36,580	\$36,580	\$50,480.40	\$36,580	\$73,160	\$109,740	\$146,320	
6	\$41,960	\$41,960	\$57,904.80	\$41,960	\$83,920	\$125,880	\$167,840	
7	\$47,340	\$47,340	\$65,329.20	\$47,340	\$94,680	\$142,020	\$189,360	
8	\$52,720	\$52,720	\$72,753.60	\$52,720	\$105,440	\$158,160	\$210,880	
Each additional	\$5,380							
MONTHLY		Below this income level, write-off as a % of charges the discount % shown below	MAGI MEDICAID	Between this income level write-off as a % of charges the discount % shown	Between this income level and the previous level, write-off as a % of charges the discount % shown	Between this income level and the previous level, write-off as a % of charges the discount % shown	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
		HCAP 100%	MAGI 138%	HFA 0-100%	HFA 100%	Refer to BS FA Sliding Scale for partial % per facility	Refer to BS FA Sliding Scale for partial % per facility	Self-Pay Discount 40%
Family Size	Federal Poverty Guideline (FPG)*	100% FPG	138% FPG	0-100%	200% FPG	300% FPG	400% FPG	Greater than 400% FPG
1	\$1,255.00	\$1,255.00	\$1,731.90	\$1,255.00	\$2,510.00	\$3,765.00	\$5,020.00	
2	\$1,703.33	\$1,703.33	\$2,350.60	\$1,703.33	\$3,406.67	\$5,110.00	\$6,813.33	
3	\$2,151.67	\$2,151.67	\$2,969.30	\$2,151.67	\$4,303.33	\$6,455.00	\$8,606.67	
4	\$2,600.00	\$2,600.00	\$3,588.00	\$2,600.00	\$5,200.00	\$7,800.00	\$10,400.00	
5	\$3,048.33	\$3,048.33	\$4,206.70	\$3,048.33	\$6,096.67	\$9,145.00	\$12,193.33	
6	\$3,496.67	\$3,496.67	\$4,825.40	\$3,496.67	\$6,993.33	\$10,490.00	\$13,986.67	
7	\$3,945.00	\$3,945.00	\$5,444.10	\$3,945.00	\$7,890.00	\$11,835.00	\$15,780.00	
8	\$4,393.33	\$4,393.33	\$6,062.80	\$4,393.33	\$8,786.67	\$13,180.00	\$17,573.33	