2026 FPG

Effective 01/12/2026

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	$15,960	$15,960	$22,024	$15,960	$31,920	$47,880	$63,840	
2	$21,640	$21,640	$29,863	$21,640	$43,280	$64,920	$86,560	
3	$27,320	$27,320	$37,701	$27,320	$54,640	$81,960	$109,280	
4	$33,000	$33,000	$45,540	$33,000	$66,000	$99,000	$132,000	
5	$38,680	$38,680	$53,378	$38,680	$77,360	$116,040	$154,720	
6	$44,360	$44,360	$61,216	$44,360	$88,720	$133,080	$177,440	
7	$50,040	$50,040	$69,055	$50,040	$100,080	$150,120	$200,160	
8	$55,820	$55,820	$77,031	$55,820	$111,640	$167,460	$223,280	
Each additional	$5,680							

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
ALL FACILITIES		**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	$1,330	$1,330	$ 1,835	$1,330	$2,660	$3,990	$5,320	
2	$1,803	$1,803	$ 2,489	$1,803	$3,607	$5,410	$7,213	
3	$2,277	$2,277	$ 3,142	$2,277	$4,553	$6,830	$9,107	
4	$2,750	$2,750	$ 3,795	$2,750	$5,500	$8,250	$11,000	
5	$3,223	$3,223	$ 4,448	$3,223	$6,447	$9,670	$12,893	
6	$3,697	$3,697	$ 5,101	$3,697	$7,393	$11,090	$14,787	
7	$4,170	$4,170	$ 5,755	$4,170	$8,340	$12,510	$16,680	
8	$4,652	$4,652	$ 6,419	$4,652	$9,303	$13,955	$18,607	