

INCOME ELIGIBILITY TABLES

Effective January 11, 2019 – January 31, 2020

These tables determine income eligibility for the Breast, Cervical and Colon Health Program based on Federal Poverty Level (FPL):

Gross Yearly Income		
Family Size	250% FPL	300% FPL
1	\$31,225	\$37,470
2	\$42,275	\$50,730
3	\$53,325	\$63,990
4	\$64,375	\$77,250
5	\$75,425	\$90,510
6	\$86,475	\$103,770
7	\$97,525	\$117,030
8	\$108,575	\$130,290
8+ Add per each additional	\$11,050	\$13,260

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$2,602	\$3,123
2	\$3,523	\$4,228
3	\$4,444	\$5,333
4	\$5,365	\$6,438
5	\$6,285	\$7,543
6	\$7,206	\$8,648
7	\$8,127	\$9,753
8	\$9,048	\$10,858
8+ Add per each additional member	\$921	\$1,105