

INCOME ELIGIBILITY TABLES

Effective February 1, 2015 – January 31, 2016

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	\$ 29,425	\$ 35,310
2	\$ 39,825	\$ 47,790
3	\$ 50,225	\$ 60,270
4	\$ 60,625	\$ 72,750
5	\$ 71,025	\$ 85,230
6	\$ 81,875	\$ 98,250
7	\$ 91,825	\$ 110,190
8	\$ 102,225	\$ 122,670
8+ Add per each additional member	\$ 10,400	\$ 12,480

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$ 2,452	\$ 2,943
2	\$ 3,319	\$ 3,983
3	\$ 4,185	\$ 5,023
4	\$ 5,052	\$ 6,063
5	\$ 5,919	\$ 7,103
6	\$ 6,823	\$ 8,188
7	\$ 7,652	\$ 9,183
8	\$ 8,519	\$ 10,223
8+ Add per each additional member	\$ 867	\$ 1,040