

#111 附件附录 B – 联邦贫穷标线

#111 attachment Appendix B – Federal Poverty Level

家庭人数/联邦贫穷标线 Family Size / FPL	200%	≤ 225%	≤ 250%	≤ 275%	≤ 300%	> 300%
患者支付 Patient Pays	0%	20%	40%	60%	80%	100%
1	\$29,160	\$32,805	\$36,450	\$40,095	\$43,740	\$43,741
2	\$39,440	\$44,370	\$49,300	\$54,230	\$59,160	\$59,161
3	\$49,720	\$55,935	\$62,150	\$68,365	\$74,580	\$74,581
4	\$60,000	\$67,500	\$75,000	\$82,500	\$90,000	\$90,001
5	\$70,280	\$79,065	\$87,850	\$96,635	\$105,420	\$105,421
6	\$80,560	\$90,630	\$100,700	\$110,770	\$120,840	\$120,841
7	\$90,840	\$102,195	\$113,550	\$124,905	\$136,260	\$136,261
8	\$101,120	\$113,760	\$126,400	\$139,040	\$151,680	\$151,681

1/26/2023