

Anexo #111 Apéndice B – Nivel Federal de Pobreza
#111 attachment Appendix B – Federal Poverty Level

Cantidad de miembros en la familia/NFP Family Size/FPL	200%	≤ 225%	≤ 250%	≤ 275%	≤ 300%	> 300%
El paciente paga Patient Pays	0%	20%	40%	60%	80%	100%
1	\$25,520	\$28,710	\$31,900	\$35,090	\$38,280	\$38,281
2	\$34,480	\$38,790	\$43,100	\$47,410	\$51,720	\$51,721
3	\$43,440	\$48,870	\$54,300	\$59,730	\$65,160	\$65,161
4	\$52,400	\$58,950	\$65,500	\$72,050	\$78,600	\$78,601
5	\$61,360	\$69,030	\$76,700	\$84,370	\$92,040	\$92,041
6	\$70,320	\$79,110	\$87,900	\$96,690	\$105,480	\$105,481
7	\$79,280	\$89,190	\$99,100	\$109,010	\$118,920	\$118,921
8	\$88,240	\$99,270	\$110,300	\$121,330	\$132,360	\$132,361

3/19/2020