

ADIRONDACK HEALTH

Notice of Availability of Discounts for Uninsured Patients

HHS Poverty Guidelines (Federal Poverty Levels)

Year **2021**

Persons	Income	CHARFULL	CHARFULL	CHARFULL	CHAR40	CHAR35	CHAR30	CHAR20
		100% Discount	100% Discount	100% Discount	40% Discount	35% Discount	30% Discount	20% Discount
		50% of FPL	100% of FPL	150% of FPL	200% of FPL	250% of FPL	300% of FPL	400% of FPL
1	\$ 12,880	\$ 6,440	\$ 12,880	\$ 19,320	\$ 25,760	\$ 32,200	\$ 38,640	\$ 51,520
2	\$ 17,420	\$ 8,710	\$ 17,420	\$ 26,130	\$ 34,840	\$ 43,550	\$ 52,260	\$ 69,680
3	\$ 21,960	\$ 10,980	\$ 21,960	\$ 32,940	\$ 43,920	\$ 54,900	\$ 65,880	\$ 87,840
4	\$ 26,500	\$ 13,250	\$ 26,500	\$ 39,750	\$ 53,000	\$ 66,250	\$ 79,500	\$ 106,000
5	\$ 31,040	\$ 15,520	\$ 31,040	\$ 46,560	\$ 62,080	\$ 77,600	\$ 93,120	\$ 124,160
6	\$ 35,580	\$ 17,790	\$ 35,580	\$ 53,370	\$ 71,160	\$ 88,950	\$ 106,740	\$ 142,320
7	\$ 40,120	\$ 20,060	\$ 40,120	\$ 60,180	\$ 80,240	\$ 100,300	\$ 120,360	\$ 160,480
8	\$ 44,660	\$ 22,330	\$ 44,660	\$ 66,990	\$ 89,320	\$ 111,650	\$ 133,980	\$ 178,640
9	\$ 49,200	\$ 24,600	\$ 49,200	\$ 73,800	\$ 98,400	\$ 123,000	\$ 147,600	\$ 196,800
10	\$ 53,740	\$ 26,870	\$ 53,740	\$ 80,610	\$ 107,480	\$ 134,350	\$ 161,220	\$ 214,960

\$ 4,540 For family units with more than ten members, add this amount for each additional member.
 Family includes husband, wife, dependent month, dependent father and minor children

<https://aspe.hhs.gov/poverty-guidelines>