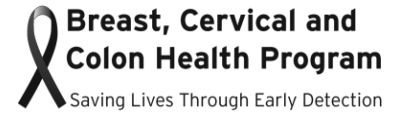




DOH 342-034 Feb 2023



INCOME ELIGIBILITY TABLES

Effective January 12, 2024 – January 31, 2025

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	\$37,650	\$45,180
2	\$51,100	\$61,320
3	\$64,550	\$77,460
4	\$78,000	\$93,600
5	\$91,450	\$109,740
6	\$104,900	\$125,880
7	\$118,350	\$142,020
8	\$131,800	\$158,160
8+ Add per each additional member	\$13,450	\$16,140

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$3,138	\$3,765
2	\$4,258	\$5,110
3	\$5,379	\$6,455
4	\$6,500	\$7,800
5	\$7,621	\$9,145
6	\$8,742	\$10,490
7	\$9,863	\$11,835
8	\$10,983	\$13,180
8+ Add per each additional member	\$1,233	\$1,345

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