

INCOME ELIGIBILITY TABLES

Effective January 12, 2022 – January 31, 2023

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	\$33,975	\$40,770
2	\$45,775	\$54,930
3	\$57,575	\$69,090
4	\$69,375	\$83,250
5	\$81,175	\$97,410
6	\$92,975	\$111,570
7	\$104,775	\$125,730
8	\$116,575	\$139,890
8+ Add per each additional member	\$11,800	\$14,160

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$2,831	\$3,398
2	\$3,815	\$4,578
3	\$4,798	\$5,758
4	\$5,781	\$6,938
5	\$6,765	\$8,118
6	\$7,748	\$9,298
7	\$8,731	\$10,478
8	\$9,715	\$11,658
8+ Add per each additional member	\$983	\$1,180