

INCOME ELIGIBILITY TABLES

Effective January 13, 2021 – January 31, 2022

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	\$32,200	\$38,640
2	\$43,550	\$52,260
3	\$54,900	\$65,880
4	\$66,250	\$79,500
5	\$77,600	\$93,120
6	\$88,950	\$106,740
7	\$100,300	\$120,360
8	\$111,650	\$133,980
8+ Add per each additional member	\$11,350	\$13,620

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$2,683	\$3,220
2	\$3,629	\$4,355
3	\$4,575	\$5,490
4	\$5,521	\$6,625
5	\$6,467	\$7,760
6	\$7,413	\$8,895
7	\$8,358	\$10,030
8	\$9,304	\$11,165
8+ Add per each additional member	\$946	\$1,135