

INCOME ELIGIBILITY TABLES

Effective January 13, 2026 – January 31, 2027

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	\$39,900	\$47,880
2	\$54,100	\$64,920
3	\$68,300	\$81,960
4	\$82,500	\$99,000
5	\$96,700	\$116,040
6	\$110,900	\$133,080
7	\$125,100	\$150,120
8	\$139,300	\$167,160
8+ Add per each additional member	\$14,200	\$17,040

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$3,325.00	\$3,990
2	\$4,508.33	\$5,410
3	\$5,691.67	\$6,830
4	\$6,875.00	\$8,250
5	\$8,058.33	\$9,670
6	\$9,241.67	\$11,090
7	\$10,425.00	\$12,510
8	\$11,608.33	\$13,930
8+ Add per each additional member	\$1,183.33	\$1,420