

LOWER UMPQUA HOSPITAL DISTRICT

Calendar Year 2024

100% of Federal Poverty Level	FEDERAL POVERTY LEVEL
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Family Size	Annual	Monthly	FEDERAL POVERTY LEVEL							
			0 - 200%		201% - 300%		301% - 350%		351% - 400%	
1	\$15,060	\$1,255	\$0	\$2,510	\$2,511	\$3,765	\$3,766	\$4,393	\$4,394	\$5,020
2	\$20,440	\$1,703	\$0	\$3,407	\$3,408	\$5,110	\$5,111	\$5,962	\$5,963	\$6,813
3	\$25,820	\$2,152	\$0	\$4,303	\$4,304	\$6,455	\$6,456	\$7,531	\$7,532	\$8,607
4	\$31,200	\$2,600	\$0	\$5,200	\$5,201	\$7,800	\$7,801	\$9,100	\$9,101	\$10,400
5	\$36,580	\$3,048	\$0	\$6,097	\$6,098	\$9,145	\$9,146	\$10,669	\$10,670	\$12,193
6	\$41,960	\$3,497	\$0	\$6,993	\$6,994	\$10,490	\$10,491	\$12,238	\$12,239	\$13,987
7	\$47,340	\$3,945	\$0	\$7,890	\$7,891	\$11,835	\$11,836	\$13,808	\$13,809	\$15,780
8	\$52,720	\$4,393	\$0	\$8,787	\$8,788	\$13,180	\$13,181	\$15,377	\$15,378	\$17,573

HOSPITAL DISCOUNT

Discount Level	100% A	75% B	50% C	25% D
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Over 8 add \$5,380 for each additional person

*Discounts Based on Federal Poverty Level

Based on Completion of Financial Assistance Documentation

These discounts may be in addition to community uninsured discounts.