

**LOWER UMPQUA HOSPITAL DISTRICT**

Calendar Year 2024

100% of Federal Poverty Level	FEDERAL POVERTY LEVEL											
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Family Size	Annual	Monthly	0 - 200%				201% - 300%				301% - 350%				351% - 400%																																																																																			
						\$0	-	\$2,510	\$2,511	-	\$3,765	\$3,766	-	\$4,393	\$4,394	-	\$5,020	\$0	-	\$3,407	\$3,408	-	\$5,110	\$5,111	-	\$5,962	\$5,963	-	\$6,813	\$0	-	\$4,303	\$4,304	-	\$6,455	\$6,456	-	\$7,531	\$7,532	-	\$8,607	\$0	-	\$5,200	\$5,201	-	\$7,800	\$7,801	-	\$9,100	\$9,101	-	\$10,400	\$0	-	\$6,097	\$6,098	-	\$9,145	\$9,146	-	\$10,669	\$10,670	-	\$12,193	\$0	-	\$6,993	\$6,994	-	\$10,490	\$10,491	-	\$12,238	\$12,239	-	\$13,987	\$0	-	\$7,890	\$7,891	-	\$11,835	\$11,836	-	\$13,808	\$13,809	-	\$15,780	\$0	-	\$8,787	\$8,788	-	\$13,180	\$13,181	-	\$15,377

HOSPITAL DISCOUNT											
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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.