

Lower Umpqua Hospital District

Calendar Year 2025

100% of Federal Poverty Level			FEDERAL POVERTY LEVEL							
Family Size	Annual	Monthly	0 -200%		201% - 300%		301% - 350%		351% - 400%	
			1	\$15,650	\$1,304	\$0	\$2,608	\$2,609	\$3,913	\$3,914
2	\$21,150	\$1,763	\$0	\$3,525	\$3,526	\$5,288	\$5,289	\$6,169	\$6,170	\$7,050
3	\$26,650	\$2,221	\$0	\$4,442	\$4,443	\$6,663	\$6,664	\$7,773	\$7,774	\$8,883
4	\$32,150	\$2,679	\$0	\$5,358	\$5,359	\$8,038	\$8,039	\$9,377	\$9,378	\$10,717
5	\$37,650	\$3,138	\$0	\$6,275	\$6,276	\$9,413	\$9,414	\$10,981	\$10,982	\$12,550
6	\$43,150	\$3,596	\$0	\$7,192	\$7,193	\$10,788	\$10,789	\$12,858	\$12,858	\$14,383
7	\$48,650	\$4,054	\$0	\$8,108	\$8,109	\$12,163	\$12,164	\$14,190	\$14,191	\$16,217
8	\$54,150	\$4,513	\$0	\$9,025	\$9,026	\$13,538	\$13,539	\$15,794	\$15,795	\$18,050

HOSPITAL DISCOUNT				
Discount Level	100% A	75% B	50% C	25% D

Over 8 add \$5,500 for each additional person

*Discounts Based on Federal Poverty Level

Based on Completion of Financial Assistance Documentation

These discounts may be in addition to prompt pay and community uninsured discounts.