

# Harrisburg Medical Center Inc

## FAP INCOME GUIDELINES

Effective 1/11/2019

Family Size	Poverty Level	100% Discount		90% Discount		80% Discount		70% Discount	
		Equal to	or up to	Equal to	or up to	Equal to	or up to	Equal to	or up to
1	\$12,490	\$0	200% of PIG	\$24,981	213% of PIG	\$26,542	225% of PIG	\$28,104	238% of PIG
2	\$16,910	\$0 - \$24,980		\$26,541 - \$33,820		\$28,103 - \$38,048		\$29,664 - \$40,161	
3	\$21,330	\$0 - \$33,820		\$35,934 - \$42,660		\$38,048 - \$47,993		\$40,161 - \$50,659	
4	\$25,750	\$0 - \$42,660		\$45,326 - \$51,500		\$47,993 - \$57,938		\$50,659 - \$61,156	
5	\$30,170	\$0 - \$51,500		\$54,719 - \$60,340		\$57,938 - \$67,883		\$61,156 - \$71,654	
6	\$34,590	\$0 - \$60,340		\$64,111 - \$69,180		\$67,883 - \$77,828		\$71,654 - \$82,151	
7	\$39,010	\$0 - \$69,180		\$73,504 - \$78,020		\$77,828 - \$87,773		\$82,151 - \$92,649	
8	\$43,430	\$0 - \$78,020		\$82,896 - \$86,860		\$87,773 - \$97,718		\$92,649 - \$103,146	

Family Size	Poverty Level	Discount = 60% or (1-AGB%), which ever is greater		Illinois Uninsured Patient Discount Eligibility	
		Equal to	or up to	Family Size	Equal to
1	\$12,490	\$29,665	300% of PIG	1	\$0 - \$37,470
2	\$16,910	\$40,162 - \$50,730		2	\$0 - \$50,730
3	\$21,330	\$50,660 - \$63,990		3	\$0 - \$63,990
4	\$25,750	\$61,157 - \$77,250		4	\$0 - \$77,250
5	\$30,170	\$71,655 - \$90,510		5	\$0 - \$90,510
6	\$34,590	\$82,152 - \$103,770		6	\$0 - \$103,770
7	\$39,010	\$92,650 - \$117,030		7	\$0 - \$117,030
8	\$43,430	\$103,147 - \$130,290		8	\$0 - \$130,290