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| **COPPER QUEEN COMMUNITY HOSPITAL**  |  |  |  |
| **Financial Assistance** |  |  |  |
| 2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Annual Income Thresholds and % of Poverty |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Financial Assistance Thresholds** |  |  |  |
| **Family Unit Size** | **Poverty Guideline** |  |  |  |  |  |  |  |
| **100%** | **125%** | **150%** | **175%** | **200%** |  |  |  |
| 1 |  13,590 | 16,987 | 20,385 | 23,782 | 27,180 |  |  |  |
| 2 |  18,310 | 22,887  | 27,465 | 32,042 |  36,620 |  |  |  |
| 3 |  23,030 | 28,787  | 34,545 | 40,302 | 46,060 |  |  |  |
| 4 |  27,750 | 34,687 | 41,625 | 48,562 | 55,500 |  |  |  |
| 5 |  32,470 | 40,587 | 48,705 | 56,822 | 64,940 |  |  |  |
| 6 |  37,190 | 46,487 | 55,785 | 65,082 | 74,380 |  |  |  |
| 7 |  41,910 | 52,387 | 62,865 | 73,342 | 83,820 |  |  |  |
| 8 |  46,630 |  58,287 | 69,945 | 81,602 | 93,260 |  |  |  |
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| For family units with more than 8 members, add $4,720.00 for each additional member. |  |  |
| Para familias con más de 8 miembros, agregue $4,720.00 por cada miembro adicional. |  |  |
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| Note: This Exhibit shall be updated from time to time to reflect the most current FPGs issued by the U.S. Department of Health and Human Services. |  |  |  |
|  |  |  |  |  |  |  |  |  |