

Poverty Guidelines, all states (except Alaska and Hawaii)

**2020 Annual**

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	6,380	\$12,760	15,950	16,588	16,971	17,226	17,609	19,140	22,330	23,606	25,520	31,900	38,280	51,040
2	8,620	\$17,240	21,550	22,412	22,929	23,274	23,791	25,860	30,170	31,894	34,480	43,100	51,720	68,960
3	10,860	\$21,720	27,150	28,236	28,888	29,322	29,974	32,580	38,010	40,182	43,440	54,300	65,160	86,880
4	13,100	\$26,200	32,750	34,060	34,846	35,370	36,156	39,300	45,850	48,470	52,400	65,500	78,600	#####
5	15,340	\$30,680	38,350	39,884	40,804	41,418	42,338	46,020	53,690	56,758	61,360	76,700	92,040	#####
6	17,580	\$35,160	43,950	45,708	46,763	47,466	48,521	52,740	61,530	65,046	70,320	87,900	105,480	#####
7	19,820	\$39,640	49,550	51,532	52,721	53,514	54,703	59,460	69,370	73,334	79,280	99,100	118,920	#####
8	22,060	\$44,120	55,150	57,356	58,680	59,562	60,886	66,180	77,210	81,622	88,240	#####	132,360	#####
9	24,300	\$48,600	60,750	63,180	64,638	65,610	67,068	72,900	85,050	89,910	97,200	#####	145,800	#####
10	26,540	\$53,080	66,350	69,004	70,596	71,658	73,250	79,620	92,890	98,198	106,160	#####	159,240	#####

Poverty Guidelines, all states (except Alaska and Hawaii)

**2020 Monthly**

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	532	\$1,063	1,329	1,382	1,414	1,436	1,467	1,595	1,861	1,967	2,127	2,658	3,190	4,253
2	718	\$1,437	1,796	1,868	1,911	1,940	1,983	2,155	2,514	2,658	2,873	3,592	4,310	5,747
3	905	\$1,810	2,263	2,353	2,407	2,444	2,498	2,715	3,168	3,349	3,620	4,525	5,430	7,240
4	1,092	\$2,183	2,729	2,838	2,904	2,948	3,013	3,275	3,821	4,039	4,367	5,458	6,550	8,733
5	1,278	\$2,557	3,196	3,324	3,400	3,452	3,528	3,835	4,474	4,730	5,113	6,392	7,670	10,227
6	1,465	\$2,930	3,663	3,809	3,897	3,956	4,043	4,395	5,128	5,421	5,860	7,325	8,790	11,720
7	1,652	\$3,303	4,129	4,294	4,393	4,460	4,559	4,955	5,781	6,111	6,607	8,258	9,910	13,213
8	1,838	\$3,677	4,596	4,780	4,890	4,964	5,074	5,515	6,434	6,802	7,353	9,192	11,030	14,707

<b>9</b>	2,025	\$4,050	5,063	5,265	5,387	5,468	5,589	6,075	7,088	7,493	8,100	10,125	12,150	16,200
<b>10</b>	2,212	\$4,423	5,529	5,750	5,883	5,972	6,104	6,635	7,741	8,183	8,847	11,058	13,270	17,693

## Determination of Assistance

In determining a reasonable and fair level of assistance, MMC applies a sliding scale: If a patient's household income is below 300% of the Federal Poverty Guidelines: With completion and approval of an MMC Financial Assistance Application - The patient will receive 100 % financial assistance after the first \$200 of billed charges