



Sliding Scale for Uninsured and Underinsured
2025

Family Unit	1	2	3	4	5	6	7	8	Discount of Patient Responsibility	Discount of Patient Responsibility
FPL	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150	100%	100%
% Above FPL										
200 and below	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300	100%	100%
201 - 300	\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$129,450	\$145,950	\$162,450	Uninsured (Patient responsibility is 10% at Medicaid Rate)	Underinsured (Patient responsibility is 10% of balance)
301 - 400	\$62,600	\$84,600	\$106,600	\$128,600	\$150,600	\$172,600	\$194,600	\$216,600	Uninsured (Patient responsibility is 20% at Medicaid Rate)	Underinsured (Patient responsibility is 20% of balance)
More than 400% above FPL not eligible									0%	0%

More than 400% above FPL not eligible

Budget up to 5% of income per month

For families/households with more than 8 persons, add \$5,500 for each additional person.

Gross income means your income before taxes are deducted. Gross income can consist of work earnings (wages, salaries, tips, earnings from self-employment), unearned income (social security, disability, and unemployment benefits), contributions (funds from family or friends), and other sources of income (temporary assistance and supplemental security income).

Family members mean all family members in your household. Your household includes yourself, your spouse or domestic partner, and any children or other dependents. For example, this would include everyone listed on the same tax return.



Escala móvil para pacientes no asegurados y con seguro insuficiente
2025

Unidad Familiar	1	2	3	4	5	6	7	8	Descuento de responsabilidad del paciente	Descuento de responsabilidad del paciente
FPL	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150	100%	100%
% sobre el nivel de FPL										
200 and below	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300	100%	100%
201 - 300	\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$129,450	\$145,950	\$162,450	No Asegurados (Responsabilidad del paciente será 10% de ración de Medicaid)	Infraasegurados (Responsabilidad del paciente será 10% de su balance)
301 - 400	\$62,600	\$84,600	\$106,600	\$128,600	\$150,600	\$172,600	\$194,600	\$216,600	No Asegurados (Responsabilidad del paciente será 20% de ración de Medicaid)	Infraasegurados (Responsabilidad del paciente será 20% de su balance)
Mas de 400% sobre el FPL (Nivel de pobreza federal) no eligible									0%	0%

Mas de 400% sobre el FPL (Nivel de pobreza federal) no eligible

Presupuesto hasta 5% del ingreso mensual

Para familias o grupos familiares de mas de 8 personas, sume \$5,500 por cada persona adicional