

EFFECTIVE 01/01/2024
BASED ON THE 2024 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	100 %	101-123 %	124-167 %	168-200 %	201 - 250 %	251 - 300 %	301 - 350 %	351 - 400 %	400 % +
1	\$15,060 or less	\$15,061 to \$18,524	\$18,525 to \$25,150	\$25,151 to \$30,120	\$30,121 to \$37,650	\$37,651 to \$45,180	\$45,181 to \$52,710	\$52,711 to \$60,240	\$60,241 or more
2	\$20,440 or less	\$20,441 to \$25,141	\$25,142 to \$34,135	\$34,136 to \$40,880	\$40,881 to \$51,100	\$51,101 to \$61,320	\$61,321 to \$71,540	\$71,541 to \$81,760	\$81,761 or more
3	\$25,820 or less	\$25,821 to \$31,759	\$31,760 to \$43,119	\$43,120 to \$51,640	\$51,641 to \$64,550	\$64,551 to \$77,460	\$77,461 to \$90,370	\$90,371 to \$103,280	\$103,281 or more
4	\$31,200 or less	\$31,201 to \$38,376	\$38,377 to \$52,104	\$52,105 to \$62,400	\$62,401 to \$78,000	\$78,001 to \$93,600	\$93,601 to \$109,200	\$109,201 to \$124,800	\$124,801 or more
5	\$36,580 or less	\$36,581 to \$44,993	\$44,994 to \$61,089	\$61,090 to \$73,160	\$73,161 to \$91,450	\$91,451 to \$109,740	\$109,741 to \$128,030	\$128,031 to \$146,320	\$146,321 or more
6	\$41,960 or less	\$41,961 to \$51,611	\$51,612 to \$70,073	\$70,074 to \$83,920	\$83,921 to \$104,900	\$104,901 to \$125,880	\$125,881 to \$146,860	\$146,861 to \$167,840	\$167,841 or more
7	\$47,340 or less	\$47,341 to \$58,228	\$58,229 to \$79,058	\$79,059 to \$94,680	\$94,681 to \$118,350	\$118,351 to \$142,020	\$142,021 to \$165,690	\$165,691 to \$189,360	\$189,361 or more
8	\$52,720 or less	\$52,721 to \$64,846	\$64,847 to \$88,042	\$88,043 to \$105,440	\$105,441 to \$131,800	\$131,801 to \$158,160	\$158,161 to \$184,520	\$184,521 to \$210,880	\$210,881 or more
							85140		
Payor Class	A 1	B 2	C 3	D 4	D 5	E 6	F 7	F 8	
Clinic services only *									S4
Proration Plan code									

NOTE For families with more than 8 members, add **\$4,540** for each additional member to yearly income.
For other discount groups, multiply 100% by the maximum % of poverty for each group.
Directions: Determine the appropriate line on the table which reflects the clients family size (include unborn). Move across the line until the column which contains the appropriate gross **yearly** income level for the client is found. Move down the column to determine the payor class assignment (designated by A1-S4).

CLINIC SERVICES*

Dr. Visit at PCC	\$2	\$20	\$20	\$20	\$25	\$40	\$55	\$70	\$75
Lab at PCC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OB Labs at PCC	\$0	\$0	\$0	\$0	\$670	\$670	\$670	\$670	\$670
Pharmacy	\$2	\$3/each	\$5/each	\$6/each	\$5 Plus	\$5 plus	\$5 plus	\$5 plus	\$5 plus
					50%cost	50%cost	100% cost	100% cost	100% cost
SPECIALIST FEES (Dr. only)									
Specialist good for two visits and good for 6 months	\$0	\$30	\$30	\$30	\$50	\$65	\$80	\$95	NA
HOSPITAL CHARGES									
Hospital co-pay	\$2	\$25	\$25	\$25	90% disc	85% disc	80% disc	75% disc	NA
ER visits (each)	\$50	\$50	\$50	\$50	90% disc	85% disc	80% disc	75% disc	NA
Mammo Screening	\$2	\$25	\$25	\$25	\$50	\$50	\$50	\$50	NA
Mammo Diagnostic	\$2	\$25	\$25	\$25	\$99	\$99	\$99	\$99	NA
Breast Ultrasound	\$2	\$25	\$25	\$25	\$160	\$160	\$160	\$160	NA
SERVICES FOR THE HOMELESS									
Program	Classification	Coverate Duration							
Broward House	A4	90 Days							
Jubilee	A4	1 Year							
Broward Outreach	A5	1 Year							