

EFFECTIVE 02/01/2025
BASED ON THE 2025 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	100 %	101-123 %	124-167 %	168-200 %	201 - 250 %	251 - 300 %	301 - 350 %	351 - 400 %	400 % +
1	\$15,650 or less	\$15,651 to \$19,250	\$19,251 to \$26,136	\$26,137 to \$31,300	\$31,301 to \$39,125	\$39,126 to \$46,950	\$46,951 to \$54,775	\$54,776 to \$62,600	\$62,601 or more
2	\$21,150 or less	\$21,151 to \$26,015	\$26,016 to \$35,321	\$35,322 to \$42,300	\$42,301 to \$52,875	\$52,876 to \$63,450	\$63,451 to \$74,025	\$74,026 to \$84,600	\$84,601 or more
3	\$26,650 or less	\$26,651 to \$32,780	\$32,781 to \$44,506	\$44,507 to \$53,300	\$53,301 to \$66,625	\$66,626 to \$79,950	\$79,951 to \$93,275	\$93,276 to \$106,600	\$106,601 or more
4	\$32,150 or less	\$32,151 to \$39,545	\$39,546 to \$53,691	\$53,692 to \$64,300	\$64,301 to \$80,375	\$80,376 to \$96,450	\$96,451 to \$112,525	\$112,526 to \$128,600	\$128,601 or more
5	\$37,650 or less	\$37,651 to \$46,310	\$46,311 to \$62,876	\$62,877 to \$75,300	\$75,301 to \$94,125	\$94,126 to \$112,950	\$112,951 to \$131,775	\$131,776 to \$150,600	\$150,601 or more
6	\$43,150 or less	\$43,151 to \$53,075	\$53,076 to \$72,061	\$72,062 to \$86,300	\$86,301 to \$107,875	\$107,876 to \$129,450	\$129,451 to \$151,025	\$151,026 to \$172,600	\$172,601 or more
7	\$48,650 or less	\$48,651 to \$59,840	\$59,841 to \$81,246	\$81,247 to \$97,300	\$97,301 to \$121,625	\$121,626 to \$145,950	\$145,951 to \$170,275	\$170,276 to \$194,600	\$194,601 or more
8	\$54,150 or less	\$54,151 to \$66,605	\$66,606 to \$90,431	\$90,432 to \$108,300	\$108,301 to \$135,375	\$135,376 to \$162,450	\$162,451 to \$189,525	\$189,526 to \$216,600	\$216,601 or more
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
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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							