

Monthly Income Chart

Federal Poverty Level Guidelines
HIV/AIDS Patient Care Programs
2008-2009

Household Size	A		B		Medicare	C		D		E		F		G	
	100%		101-150%		135-150%	151-200%		201-250%		251-300%		301-350%		351-400%	
1		\$867	<	\$875	\$1,170	<	\$1,309	<	\$1,741	<	\$2,175	<	\$2,608	<	\$3,042
1	<			\$1,300	\$1,300		\$1,733		\$2,167		\$2,600		\$3,033		\$3,467
2		\$1,167	<	\$1,178	\$1,575	<	\$1,762	<	\$2,344	<	\$2,928	<	\$3,511	<	\$4,095
2	<			\$1,750	\$1,750		\$2,333		\$2,917		\$3,500		\$4,083		\$4,667
3		\$1,467	<	\$1,481	\$1,980	<	\$2,215	<	\$2,947	<	\$3,681	<	\$4,414	<	\$5,148
3	<			\$2,200	\$2,200		\$2,933		\$3,667		\$4,400		\$5,133		\$5,867
4		\$1,767	<	\$1,784	\$2,385	<	\$2,668	<	\$3,550	<	\$4,434	<	\$5,317	<	\$6,201
4	<			\$2,650	\$2,650		\$3,533		\$4,417		\$5,300		\$6,183		\$7,067
5		\$2,067	<	\$2,087	\$2,790	<	\$3,121	<	\$4,153	<	\$5,187	<	\$6,220	<	\$7,254
5	<			\$3,100	\$3,100		\$4,133		\$5,167		\$6,200		\$7,233		\$8,267
6		\$2,367	<	\$2,390	\$3,195	<	\$3,574	<	\$4,756	<	\$5,940	<	\$7,123	<	\$8,307
6	<			\$3,550	\$3,550		\$4,733		\$5,917		\$7,100		\$8,283		\$9,467
7		\$2,667	<	\$2,693	\$3,600	<	\$4,027	<	\$5,359	<	\$6,693	<	\$8,026	<	\$9,360
7	<			\$4,000	\$4,000		\$5,333		\$6,667		\$8,000		\$9,333		\$10,667
8		\$2,967	<	\$2,996	\$4,005	<	\$4,480	<	\$5,962	<	\$7,446	<	\$8,929	<	\$10,413
8	<			\$4,450	\$4,450		\$5,933		\$7,417		\$8,900		\$10,383		\$11,867
9		\$3,267	<	\$3,300	\$4,410	<	\$4,933	<	\$6,566	<	\$8,200	<	\$9,833	<	\$11,467
9	<			\$4,901	\$4,901		\$6,534		\$8,168		\$9,801		\$11,435		\$13,068
10		\$3,567	<	\$3,603	\$4,815	<	\$5,386	<	\$7,169	<	\$8,953	<	\$10,736	<	\$12,520
10	<			\$5,351	\$5,351		\$7,134		\$8,918		\$10,701		\$12,485		\$14,268

Any patient whose household total gross monthly income is above the amount shown in Column G is not eligible.

Annual Income Chart

Poverty Level Guidelines
HIV/AIDS Patient Care Programs
2008-2009

Household Size	A		B		Medicare	C		D		E		F		G	
	100%	<	101-150%	<	135-150%	151-200%	<	201-250%	<	251-300%	<	301-350%	<	351-400%	
1	\$10,400	<	\$10,504	<	\$14,040	<	\$15,704	<	\$20,903	<	\$26,104	<	\$31,303	<	\$36,504
1	<		\$15,600	<	\$15,600	<	\$20,800	<	\$26,000	<	\$31,200	+	\$36,400	<	\$41,600
2	\$14,000	<	\$14,140	<	\$18,900	<	\$21,140	<	\$28,139	<	\$35,140	<	\$42,139	<	\$49,140
2	<		\$21,000	<	\$21,000	<	\$28,000	<	\$35,000	<	\$42,000	+	\$49,000	<	\$56,000
3	\$17,600	<	\$17,776	<	\$23,760	<	\$26,576	<	\$35,375	<	\$44,176	<	\$52,975	<	\$61,776
3	<		\$26,400	<	\$26,400	<	\$35,200	<	\$44,000	<	\$52,800	+	\$61,600	<	\$70,400
4	\$21,200	<	\$21,412	<	\$28,620	<	\$32,012	<	\$42,611	<	\$53,212	<	\$63,811	<	\$74,412
4	<		\$31,800	<	\$31,800	<	\$42,400	<	\$53,000	<	\$63,600	+	\$74,200	<	\$84,800
5	\$24,800	<	\$25,048	<	\$33,480	<	\$37,448	<	\$49,847	<	\$62,248	<	\$74,647	<	\$87,048
5	<		\$37,200	<	\$37,200	<	\$49,600	<	\$62,000	<	\$74,400	+	\$86,800	<	\$99,200
6	\$28,400	<	\$28,684	<	\$38,340	<	\$42,884	<	\$57,083	<	\$71,284	<	\$85,483	<	\$99,684
6	<		\$42,600	<	\$42,600	<	\$56,800	<	\$71,000	<	\$85,200	+	\$99,400	<	\$113,600
7	\$32,000	<	\$32,320	<	\$43,200	<	\$48,320	<	\$64,319	<	\$80,320	<	\$96,319	<	\$112,320
7	<		\$48,000	<	\$48,000	<	\$64,000	<	\$80,000	<	\$96,000	+	\$112,000	<	\$128,000
8	\$35,600	<	\$35,956	<	\$48,060	<	\$53,756	<	\$71,555	<	\$89,356	<	\$107,155	<	\$124,956
8	<		\$53,400	<	\$53,400	<	\$71,200	<	\$89,000	<	\$106,800	+	\$124,600	<	\$142,400
9	\$39,200	<	\$39,592	<	\$52,920	<	\$59,192	<	\$78,791	<	\$98,392	<	\$117,991	<	\$137,592
9	<		\$58,800	<	\$58,800	<	\$78,400	<	\$98,000	<	\$117,600	+	\$137,200	<	\$156,800
10	\$42,800	<	\$43,228	<	\$57,780	<	\$64,628	<	\$86,027	<	\$107,428	<	\$128,827	<	\$150,228
10	<		\$64,200	<	\$64,200	<	\$85,600	<	\$107,000	<	\$128,400	+	\$149,800	<	\$171,200

Any patient whose household total gross annual income is above the amount shown in Column G is not eligible.