

HCAP and Charity Care Policy	2023 AGB Adjustment Rates	Hospital IP	Hospital OP	Pro Fee	2024 Federal Poverty Guidelines				
		24.61%	24.61%	39.18%					
Discount Based on Residency	OHIO	100%	80%	60%	40%	20%	10%	0%	
	OUT OF STATE	100%	70%	50%	30%	10%	5%	0%	

Family Income as % FPL	2024 Federal Poverty Guideline							
	Family Size	≤ 200	201-225	226-250	251-275	276-300	301-400	>400
1	\$ 15,060	\$ 30,120	\$ 33,885	\$ 37,650	\$ 41,415	\$ 45,180	\$ 60,240	\$ 60,241
2	\$ 20,440	\$ 40,880	\$ 45,990	\$ 51,100	\$ 56,210	\$ 61,320	\$ 81,760	\$ 81,761
3	\$ 25,820	\$ 51,640	\$ 58,095	\$ 64,550	\$ 71,005	\$ 77,460	\$ 103,280	\$ 103,281
4	\$ 31,200	\$ 62,400	\$ 70,200	\$ 78,000	\$ 85,800	\$ 93,600	\$ 124,800	\$ 124,801
5	\$ 36,580	\$ 73,160	\$ 82,305	\$ 91,450	\$ 100,595	\$ 109,740	\$ 146,320	\$ 146,321
6	\$ 41,960	\$ 83,920	\$ 94,410	\$ 104,900	\$ 115,390	\$ 125,880	\$ 167,840	\$ 167,841
7	\$ 47,340	\$ 94,680	\$ 106,515	\$ 118,350	\$ 130,185	\$ 142,020	\$ 189,360	\$ 189,361
8	\$ 52,720	\$ 105,440	\$ 118,620	\$ 131,800	\$ 144,980	\$ 158,160	\$ 210,880	\$ 210,881
9	\$ 58,100	\$ 116,200	\$ 130,725	\$ 145,250	\$ 159,775	\$ 174,300	\$ 232,400	\$ 232,401
10	\$ 63,480	\$ 126,960	\$ 142,830	\$ 158,700	\$ 174,570	\$ 190,440	\$ 253,920	\$ 253,921
11	\$ 68,860	\$ 137,720	\$ 154,935	\$ 172,150	\$ 189,365	\$ 206,580	\$ 275,440	\$ 275,441
12	\$ 74,240	\$ 148,480	\$ 167,040	\$ 185,600	\$ 204,160	\$ 222,720	\$ 296,960	\$ 296,961
13	\$ 79,620	\$ 159,240	\$ 179,145	\$ 199,050	\$ 218,955	\$ 238,860	\$ 318,480	\$ 318,481
14	\$ 85,000	\$ 170,000	\$ 191,250	\$ 212,500	\$ 233,750	\$ 255,000	\$ 340,000	\$ 340,001

* FPL rates effective Jan. 12, 2024

For each additional family member greater than 8 add \$ 5,380

