2025 Federal Poverty Guidelines

HCAP and Charity Care Policy	2025 AGB Adjustment Rates	Hospital IP	Hospital OP	Pro Fee				
		25.02%	25.02%	34.68%				
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	≤200	201-225	226-250	251-275	276-300	301-400	>400
Family Size								
1	$ 15,650	$ 31,300	$ 35,213	$ 39,125	$ 43,038	$ 46,950	$ 62,600	$ 62,601
2	$ 21,150	$ 42,300	$ 47,588	$ 52,875	$ 58,163	$ 63,450	$ 84,600	$ 84,601
3	$ 26,650	$ 53,300	$ 59,963	$ 66,625	$ 73,288	$ 79,950	$ 106,600	$ 106,601
4	$ 32,150	$ 64,300	$ 72,338	$ 80,375	$ 88,413	$ 96,450	$ 128,600	$ 128,601
5	$ 37,650	$ 75,300	$ 84,713	$ 94,125	$ 103,538	$ 112,950	$ 150,600	$ 150,601
6	$ 43,150	$ 86,300	$ 97,088	$ 107,875	$ 118,663	$ 129,450	$ 172,600	$ 172,601
7	$ 48,650	$ 97,300	$ 109,463	$ 121,625	$ 133,788	$ 145,950	$ 194,600	$ 194,601
8	$ 54,150	$ 108,300	$ 121,838	$ 135,375	$ 148,913	$ 162,450	$ 216,600	$ 216,601

* FPL rates effective Jan. 15, 2025

For each additional family member greater than 8 add $ 5,500