2026 Federal Poverty Guidelines

HCAP and Charity Care Policy	2026 AGB Adjustment Rates	Hospital IP	Hospital OP	Pro Fee
		25.44%	25.44%	35.66%

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 / Family Size	2026 Federal Poverty Guideline	≤ 200	201-225	226-250	251-275	276-300	301-400	>400
1	$ 15,960	$ 31,920	$ 35,910	$ 39,900	$ 43,890	$ 47,880	$ 63,840	$ 63,841
2	$ 21,640	$ 43,280	$ 48,690	$ 54,100	$ 59,510	$ 64,920	$ 86,560	$ 86,561
3	$ 27,320	$ 54,640	$ 61,470	$ 68,300	$ 75,130	$ 81,960	$ 109,280	$ 109,281
4	$ 33,000	$ 66,000	$ 74,250	$ 82,500	$ 90,750	$ 99,000	$ 132,000	$ 132,001
5	$ 38,680	$ 77,360	$ 87,030	$ 96,700	$ 106,370	$ 116,040	$ 154,720	$ 154,721
6	$ 44,360	$ 88,720	$ 99,810	$ 110,900	$ 121,990	$ 133,080	$ 177,440	$ 177,441
7	$ 50,040	$ 100,080	$ 112,590	$ 125,100	$ 137,610	$ 150,120	$ 200,160	$ 200,161
8	$ 55,720	$ 111,440	$ 125,370	$ 139,300	$ 153,230	$ 167,160	$ 222,880	$ 222,881

* FPL rates effective Jan. 13, 2026

For each additional family member greater than 8 add $ 5,680