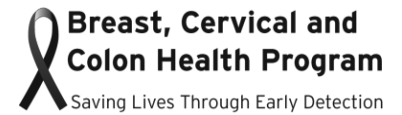




DOH 342-034 JAN 2025



INCOME ELIGIBILITY TABLES

Effective January 17, 2025 – January 31, 2026

These tables determine income eligibility for the Breast, Cervical and Colon Health Program based on Federal Poverty Level (FPL):

Gross Yearly Income		
Family Size	250% FPL	300% FPL
1	\$39,125	\$46,950
2	\$52,875	\$63,450
3	\$66,625	\$79,950
4	\$80,375	\$96,450
5	\$94,125	\$112,950
6	\$107,875	\$129,450
7	\$121,625	\$145,950
8	\$135,375	\$162,450
8+ Add per each additional member	\$13,750	\$16,500

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$3,260	\$3,913
2	\$4,406	\$5,288
3	\$5,552	\$6,663
4	\$6,698	\$8,038
5	\$7,844	\$9,413
6	\$8,990	\$10,788
7	\$10,135	\$12,163
8	\$11,281	\$13,538
8+ Add per each additional member	\$1,146	\$1,375

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