DOH 342-034 Feb 2023





**INCOME ELIGIBILITY TABLES**

**Effective January 12, 2024 – January 31, 2025**

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

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| **Gross Yearly Income** |
| **Family Size** | **250% FPL** | **300% FPL** |
| 1 | $37,650 | $45,180 |
| 2 | $51,100 | $61,320 |
| 3 | $64,550 | $77,460 |
| 4 | $78,000 | $93,600 |
| 5 | $91,450 | $109,740 |
| 6 | $104,900 | $125,880 |
| 7 | $118,350 | $142,020 |
| 8 | $131,800 | $158,160 |
| 8+Add per each additional member | $13,450 | $16,140 |

|  |
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| **Gross Monthly Income** |
| **Family Size** | **250% FPL** | **300% FPL** |
| 1 | $3,138 | $3,765 |
| 2 | $4,258 | $5,110 |
| 3 | $5,379 | $6,455 |
| 4 | $6,500 | $7,800 |
| 5 | $7,621 | $9,145 |
| 6 | $8,742 | $10,490 |
| 7 | $9,863 | $11,835 |
| 8 | $10,983 | $13,180 |
| 8+Add per each additional member | $1,233 | $1,345  |