



The MetroHealth System

Financial Assistance Plan Income Levels

Family Size	Up to 100% of Poverty	Up to 200% of Poverty	Up to 300% of Poverty	Up to 400% of Poverty
1	\$12,140	\$24,280	\$36,420	\$48,560
2	\$16,460	\$32,920	\$49,380	\$65,840
3	\$20,780	\$41,560	\$62,340	\$83,120
4	\$25,100	\$50,200	\$75,300	\$100,400
5	\$29,420	\$58,840	\$88,260	\$117,680
6	\$33,740	\$67,480	\$101,220	\$134,960
7	\$38,060	\$76,120	\$114,180	\$152,240
8	\$42,380	\$84,760	\$127,140	\$169,520

** For a family size over 8, add an additional \$4,320.00 on per person

Federal Poverty Guidelines published in the Federal Register dated January 13, 2018. Eligibility for Ohio Hospital Care Assurance Program (HCAP) is up to 100% FPL.