



# 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	\$ 12,760	\$ 25,520	\$ 38,280	\$ 51,040
2	\$ 17,240	\$ 34,480	\$ 51,720	\$ 68,960
3	\$ 21,720	\$ 43,440	\$ 65,160	\$ 86,880
4	\$ 26,200	\$ 52,400	\$ 78,600	\$ 104,800
5	\$ 30,680	\$ 61,360	\$ 92,040	\$ 122,720
6	\$ 35,160	\$ 70,320	\$ 105,480	\$ 140,640
7	\$ 39,640	\$ 79,280	\$ 118,920	\$ 158,560
8	\$ 44,120	\$ 88,240	\$ 132,360	\$ 176,480
9	\$ 48,600	\$ 97,200	\$ 145,800	\$ 194,400
10	\$ 53,080	\$ 106,160	\$ 159,240	\$ 212,320

Federal Poverty Guidelines published in the Federal Register dated January 17, 2020. Eligibility for Ohio Hospital Care Assurance Program (HCAP) is up to 100% FPL.