



# 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	\$ 12,880	\$ 25,760	\$ 38,640	\$ 51,520
2	\$ 17,420	\$ 34,840	\$ 52,260	\$ 69,680
3	\$ 21,960	\$ 43,920	\$ 65,880	\$ 87,840
4	\$ 26,500	\$ 53,000	\$ 79,500	\$ 106,000
5	\$ 31,040	\$ 62,080	\$ 93,120	\$ 124,160
6	\$ 35,580	\$ 71,160	\$ 106,740	\$ 142,320
7	\$ 40,120	\$ 80,240	\$ 120,360	\$ 160,480
8	\$ 44,600	\$ 89,200	\$ 133,800	\$ 178,400
9	\$ 49,080	\$ 98,160	\$ 147,240	\$ 196,320
10	\$ 53,560	\$ 107,120	\$ 160,680	\$ 214,240

Federal Poverty Guidelines published in the Federal Register dated January 18, 2021. Eligibility for Ohio Hospital Care Assurance Program (HCAP) is up to 100% FPL.