MetroHealth

Financial Assistance Program	2025	**Updated 01/17/2025		
Plan Code Assignment based on Residency and Yearly Income				
Family Size	**100% FPL**	**200% FPL**	**300% FPL**	**400% FPL**
1	$ 15,650	$ 31,300	$ 46,950	$ 62,600
2	$ 21,150	$ 42,300	$ 63,450	$ 84,600
3	$ 26,650	$ 53,300	$ 79,950	$ 106,600
4	$ 32,150	$ 64,300	$ 96,450	$ 128,600
5	$ 37,650	$ 75,300	$ 112,950	$ 150,600
6	$ 43,150	$ 86,300	$ 129,450	$ 172,600
7	$ 48,650	$ 97,300	$ 145,950	$ 194,600
8	$ 54,150	$ 108,300	$ 162,450	$ 216,600
**For families with more than 8 people add $5,500 for each additional person				