

HealthReach Guidelines for 250% of the Federal Poverty Limits

[This chart represents 250% or 2.5 times the Federal Poverty Guideline Limits. To qualify as a HealthReach Clinic Patient your combined household income must not exceed these amounts.]

Family Size	Annual	Monthly	Weekly
1	\$30,350	\$2,530	\$582.50
2	\$41,150	\$3,430	\$792.50
3	\$51,950	\$4,330	\$1000
4	\$62,750	\$5,230	\$1,207.50
5	\$73,550	\$6,130	\$1,415
6	\$84,350	\$7,030	\$1,622.50
7	\$95,150	\$7,930	\$1,830
8	\$105,950	\$8,830	\$2,037.50
Each Add'l	\$10,800	\$900	\$207.50