



Lake Chelan Health

Maximum amount patient would be required to pay based on gross monthly earnings and number of family members.

	FPL	100% FPL	100% TO 150% FPL	151% TO 200% FPL	201% TO 250% FPL	200% TO 300% FPL	300% - 400% FPL	OVER 400% FPL
	DISCOUNT	100%	95%	90%	80%	65%	50%	0%
<b>FAMILY SIZE</b>								
1	\$ 13,590.00	\$ - \$ 1,133	\$ 1,134 \$ 1,699	\$ 1,700 \$ 2,265	\$ 2,266 \$ 2,831	\$ 2,832 \$ 3,398	\$ 3,399 \$ 4,530	\$ 4,531 &OVER
2	\$ 18,310.00	\$ - \$ 1,526	\$ 1,527 \$ 2,289	\$ 2,290 \$ 3,052	\$ 3,053 \$ 3,815	\$ 3,816 \$ 4,578	\$ 4,579 \$ 6,103	\$ 6,104 &OVER
3	\$ 23,030.00	\$ - \$ 1,919	\$ 1,920 \$ 2,879	\$ 2,880 \$ 3,838	\$ 3,839 \$ 4,798	\$ 4,799 \$ 5,758	\$ 5,759 \$ 7,677	\$ 7,678 &OVER
4	\$ 27,750.00	\$ - \$ 2,313	\$ 2,314 \$ 3,469	\$ 3,470 \$ 4,625	\$ 4,626 \$ 5,781	\$ 5,782 \$ 6,938	\$ 6,939 \$ 9,250	\$ 9,251 &OVER
5	\$ 32,470.00	\$ - \$ 2,706	\$ 2,707 \$ 4,059	\$ 4,060 \$ 5,412	\$ 5,413 \$ 6,765	\$ 6,766 \$ 8,118	\$ 8,119 \$ 10,823	\$ 10,824 &OVER
6	\$ 37,190.00	\$ - \$ 3,099	\$ 3,100 \$ 4,649	\$ 4,650 \$ 6,198	\$ 6,199 \$ 7,748	\$ 7,749 \$ 9,298	\$ 9,299 \$ 12,397	\$ 12,398 &OVER
7	\$ 41,910.00	\$ - \$ 3,493	\$ 3,494 \$ 5,239	\$ 5,240 \$ 6,985	\$ 6,986 \$ 8,731	\$ 8,732 \$ 10,478	\$ 10,479 \$ 13,970	\$ 13,971 &OVER
8	\$ 46,630.00	\$ - \$ 3,886	\$ 3,887 \$ 5,829	\$ 5,830 \$ 7,772	\$ 7,773 \$ 9,715	\$ 9,716 \$ 11,658	\$ 11,659 \$ 15,543	\$ 15,544 &OVER

For families/households with more than 8 persons, add \$4,720 for each additional person.

District's Amounts Generally Billed (AGB) Percentage

Based on 2022 Federal Poverty Guidelines  
Revised 02-2022

53.77%