

County Indigent Health Care Program

Monthly Income Standard Based on 2024 Federal Poverty Level (FPL)

Effective May 1, 2024

Household	21% FPL Minimum Income Standard	50% FPL Maximum Income Standard
1	\$264	\$628
2	\$358	\$852
3	\$452	\$1,076
4	\$546	\$1,300
5	\$640	\$1,524
6	\$734	\$1,748
7	\$828	\$1,973
8	\$923	\$2,197
9	\$1,017	\$2,421
10	\$1,111	\$2,645
11	\$1,205	\$2,869
12	\$1,299	\$3,093

A household is eligible if its monthly net income, after rounding down cents, does not exceed the monthly income standard for the CIHCP household's size. The FPL is calculated and published each calendar year at [Poverty Guidelines](#).