

EFFECTIVE 02/01/2026
BASED ON THE 2026 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	100 %	101-123 %	124-167 %	168-200 %	201 - 250 %	251 - 300 %	301 - 350 %	351 - 400 %	400 % +
1	\$15,960 or less	\$15,961 to \$19,631	\$19,632 to \$26,653	\$26,654 to \$31,920	\$31,921 to \$39,900	\$39,901 to \$47,880	\$47,881 to \$55,860	\$55,861 to \$63,840	\$63,841 or more
2	\$21,640 or less	\$21,641 to \$26,617	\$26,618 to \$36,139	\$36,140 to \$43,280	\$43,281 to \$54,100	\$54,101 to \$64,920	\$64,921 to \$75,740	\$75,741 to \$86,560	\$86,561 or more
3	\$27,320 or less	\$27,321 to \$33,604	\$33,605 to \$45,624	\$45,625 to \$54,640	\$54,641 to \$68,300	\$68,301 to \$81,960	\$81,961 to \$95,620	\$95,621 to \$109,280	\$109,281 or more
4	\$33,000 or less	\$33,001 to \$40,590	\$40,591 to \$55,110	\$55,111 to \$66,000	\$66,001 to \$82,500	\$82,501 to \$99,000	\$99,001 to \$115,500	\$115,501 to \$132,000	\$132,001 or more
5	\$38,680 or less	\$38,681 to \$47,576	\$47,577 to \$64,596	\$64,597 to \$77,360	\$77,361 to \$96,700	\$96,701 to \$116,040	\$116,041 to \$135,380	\$135,381 to \$154,720	\$154,721 or more
6	\$44,360 or less	\$44,361 to \$54,563	\$54,564 to \$74,081	\$74,082 to \$88,720	\$88,721 to \$110,900	\$110,901 to \$133,080	\$133,081 to \$155,260	\$155,261 to \$177,440	\$177,441 or more
7	\$50,040 or less	\$50,041 to \$61,549	\$61,550 to \$83,567	\$83,568 to \$100,080	\$100,081 to \$125,100	\$125,101 to \$150,120	\$150,121 to \$175,140	\$175,141 to \$200,160	\$200,161 or more
8	\$55,720 or less	\$55,721 to \$68,536	\$68,537 to \$93,052	\$93,053 to \$111,440	\$111,441 to \$139,300	\$139,301 to \$167,160	\$167,161 to \$195,020	\$195,021 to \$222,880	\$222,881 or more
	100%	100%	100%	100%	90%	85%	Matrix	Matrix	
Payor Class	A 1	B 2	C 3	D 4	D 5	E 6	F 7	F 8	
Clinic services only *									S4
Proration Plan code									

NOTE For families with more than 8 members, add **\$4,540** for each additional member to yearly income.

For other discount groups, multiply 100% by the maximum % of poverty for each group.

Directions: Determine the appropriate line on the table which reflects the clients family size (include unborn). Move across the line until the column which contains the appropriate gross **yearly** income level for the client is found. Move down the column to determine the payor class assignment (designated by A1-S4).

CLINIC SERVICES*

Dr. Visit at PCC	\$2	\$20	\$20	\$20	\$25	\$40	\$55	\$70	\$75
Lab at PCC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OB Labs at PCC	\$0	\$0	\$0	\$0	\$670	\$670	\$670	\$670	\$670
Pharmacy	\$2	\$3/each	\$5/each	\$6/each	\$5 Plus				
					50%cost	50%cost	100% cost	100% cost	100% cost
SPECIALIST FEES (Dr. only)									
Specialist good for two visits and good for 6 months	\$0	\$30	\$30	\$30	\$50	\$65	\$80	\$95	NA
HOSPITAL CHARGES									
Hospital co-pay	\$2	\$25	\$25	\$25	90% disc	85% disc	80% disc	75% disc	NA
ER visits (each)	\$50	\$50	\$50	\$50	90% disc	85% disc	80% disc	75% disc	NA
Mammo Screening	\$2	\$25	\$25	\$25	\$50	\$50	\$50	\$50	NA
Mammo Diagnostic	\$2	\$25	\$25	\$25	\$99	\$99	\$99	\$99	NA
Breast Ultrasound	\$2	\$25	\$25	\$25	\$160	\$160	\$160	\$160	NA
SERVICES FOR THE HOMELESS									
Program	Classification	Coverate Duration							
Broward House	A4	90 Days							
Jubilee	A4	1 Year							
Broward Outreach	A5	1 Year							