Albany Med Health System

Financial Assistance Sliding Scale

| 2025 | | | | | | |
|----------------|--------------------|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family Size | Poverty Level | 100 % | 95 % | 90 % | 85 % | 80 % |
| 1 | \$19,550 | \$0 - \$39,100 | \$39,101 - \$48,875 | \$48,876 - \$58,650 | \$58,651-\$68,425 | \$68,426 - \$78,200 |
| 2 | \$26,430 | \$0 - \$52,860 | \$52,861 - \$66,075 | \$66,076 - \$79,290 | \$79,291 - \$92,505 | \$92,506 - \$105,720 |
| 3 | \$33,310 | \$0 - \$66,620 | \$66,621 - \$83,275 | \$83,276 - \$99,930 | \$99,931 - \$116,585 | \$116,586- \$133,240 |
| 4 | \$40,190 | \$0 - \$80,380 | \$80,381 - \$100,475 | \$100,476 - \$120,570 | \$120,571 - \$140,665 | \$140,666 - \$160,760 |
| 5 | \$47,070 | \$0 - \$94,140 | \$94,141 - \$117,675 | \$117,676 - \$141,210 | \$141,211 - \$164,745 | \$164,746 - \$188,280 |
| 6 | \$53,950 | \$0 - \$107,900 | \$107,901 - \$134,875 | \$134,876-\$161,850 | \$161,851 - \$188,825 | \$188,826 - \$215,800 |
| 7 | \$60,830 | \$0 - \$121,660 | \$121,661 - \$152,075 | \$152,076 - \$182,490 | \$182,491 - \$212,905 | \$212,906 - \$243,320 |
| 8 | \$67,710 | \$0 - \$135,420 | \$135,421-\$169,275 | \$169,276 - \$203,130 | \$203,131 - \$236,985 | \$236,986 - \$270,840 |
| 9 | \$74,590 | \$0 - \$149,180 | \$149,181-\$186,475 | \$186,476 - \$223,770 | \$223,771 - \$261,065 | \$261,066 - \$298,360 |
| 10 | \$81,470 | \$0 - \$162,940 | \$162,941 - \$203,675 | \$203,676 - \$244,410 | \$244,411 - \$285,145 | \$285,146 - \$325,880 |
| 11 | \$88,350 | \$0 - \$176,700 | \$176,701 - \$220,875 | \$220,876 - \$265,050 | \$265,051 - \$309,225 | \$309,226 - \$353,400 |
| 12 | \$95,230 | \$0 - \$190,460 | \$190,461 - \$238,075 | \$238,076 - \$285,690 | \$285,691 - \$333,305 | \$333,306 - \$380,920 |
| | FPL Calculation | FPL x 200% | FPL x 250% | FPL x 300% | FPL x 350% | FPL x 400% |

Household income baselines are derived from the Federal Poverty Income Levels published in the Federal Register.

If the balance on an account is less than \$10 after application of the patient's financial assistance discount, it will be adjusted as financial assistance due to the cost to collect. This number will be updated annually as costs change.

^{*}Applicants that meet this criteria will have their application reviewed by Albany Med Health System Financial Assistance Review Committee for approval and discount percentage