

**CONWAY REGIONAL MEDICAL CENTER
2018 FEDERAL POVERTY GUIDELINES
(effective January 31, 2018)**

**Uncompensated/Reduced Compensation Services will
be limited to those patients whose family income below
three hundred percent (300%) of the national poverty guidelines**

FAMILY SIZE	100%	200%	225%	250%	275%	300%
1	\$ 12,490.00	\$ 24,980.00	\$ 28,102.50	\$ 29,700.00	\$ 34,347.50	\$ 37,470.00
2	\$ 16,910.00	\$ 33,820.00	\$ 38,047.50	\$ 42,275.00	\$ 46,502.50	\$ 50,730.00
3	\$ 21,330.00	\$ 42,660.00	\$ 47,992.50	\$ 53,325.00	\$ 58,657.50	\$ 63,990.00
4	\$ 25,750.00	\$ 51,500.00	\$ 57,937.50	\$ 64,375.00	\$ 70,812.50	\$ 77,250.00
5	\$ 30,170.00	\$ 60,340.00	\$ 67,882.50	\$ 75,425.00	\$ 82,967.50	\$ 90,510.00
6	\$ 34,590.00	\$ 69,180.00	\$ 77,827.50	\$ 86,475.00	\$ 95,122.50	\$ 103,770.00
7	\$ 39,010.00	\$ 78,020.00	\$ 87,772.50	\$ 97,525.00	\$ 107,277.50	\$ 117,030.00
8	\$ 43,430.00	\$ 86,860.00	\$ 97,717.50	\$ 108,575.00	\$ 119,432.50	\$ 130,290.00
	100%	100%	100%	90%	70%	50%

FOR FAMILIES/HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD \$4,420 FOR EACH ADDITIONAL PERSON