

**CONWAY REGIONAL MEDICAL CENTER
2020 FEDERAL POVERTY GUIDELINES
(effective January 15, 2020)**

**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	\$ 12,760.00	\$ 25,520.00	\$ 28,710.00	\$ 29,700.00	\$ 35,090.00	\$ 38,280.00
2	\$ 17,240.00	\$ 34,480.00	\$ 38,790.00	\$ 43,100.00	\$ 47,410.00	\$ 51,720.00
3	\$ 21,720.00	\$ 43,440.00	\$ 48,870.00	\$ 54,300.00	\$ 59,730.00	\$ 65,160.00
4	\$ 26,200.00	\$ 52,400.00	\$ 58,950.00	\$ 65,500.00	\$ 72,050.00	\$ 78,600.00
5	\$ 30,680.00	\$ 61,360.00	\$ 69,030.00	\$ 76,700.00	\$ 84,370.00	\$ 92,040.00
6	\$ 35,160.00	\$ 70,320.00	\$ 79,110.00	\$ 87,900.00	\$ 96,690.00	\$ 105,480.00
7	\$ 39,640.00	\$ 79,280.00	\$ 89,190.00	\$ 99,100.00	\$ 109,010.00	\$ 118,920.00
8	\$ 44,120.00	\$ 88,240.00	\$ 99,270.00	\$ 110,300.00	\$ 121,330.00	\$ 132,360.00

100%

100%

100%

90%

70%

50%

FOR FAMILIES/HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD \$4,480 FOR EACH ADDITIONAL PERSON