

**Upper Great Lakes Family Health Center, INC**  
**DEPARTMENT OF HEALTH & HUMAN SERVICES POVERTY GUIDELINES**

EFFECTIVE 01/16/2024

		Less than A	More than A Less than B	More than B Less than C	More than C Less than D	More than D
Medical Services		<b>\$25 Nominal Charge*</b>	<b>\$50 Discounted Fee*</b>	<b>\$75 Discounted Fee*</b>	<b>\$100 Discounted Fee*</b>	<b>No Discount</b>
Behavioral Health		<b>\$10 Nominal Charge</b>	<b>\$30 Discounted Fee</b>	<b>\$50 Discounted Fee</b>	<b>\$70 Discounted Fee</b>	<b>No Discount</b>
Dental Services		<b>\$30 Nominal Charge*</b>	<b>40% of Total Charge*</b>	<b>50% of Total Charge*</b>	<b>60% of Total Charge*</b>	<b>No Discount</b>
HOUSEHOLD SIZE		A	B	C	D	E
1	YEAR	15,060.00	18,825	26,355	30,120	30,120.01
	MONTH	1,255.00	1,569	2,196	2,510	2,127.01
	WEEK	289.62	362	507	579	491.01
2	YEAR	20,440.00	25,550	35,770	40,880	40,880.01
	MONTH	1,703.33	2,129	2,981	3,407	2,873.01
	WEEK	393.08	491	688	786	663.01
3	YEAR	25,820.00	32,275	45,185	51,640	51,640.01
	MONTH	2,151.67	2,690	3,765	4,303	3,620.01
	WEEK	496.54	621	869	993	835.01
4	YEAR	31,200.00	39,000	54,600	62,400	62,400.01
	MONTH	2,600.00	3,250	4,550	5,200	4,367.01
	WEEK	600.00	750	1,050	1,200	1,008.01
5	YEAR	36,580.00	45,725	64,015	73,160	73,160.01
	MONTH	3,048.33	3,810	5,335	6,097	5,113.01
	WEEK	703.46	879	1,231	1,407	1,180.01
6	YEAR	41,960.00	52,450	73,430	83,920	83,920.01
	MONTH	3,496.67	4,371	6,119	6,993	5,860.01
	WEEK	806.92	1,009	1,412	1,614	1,352.01
7	YEAR	47,340.00	59,175	82,845	94,680	94,680.01
	MONTH	3,945.00	4,931	6,904	7,890	6,607.01
	WEEK	910.38	1,138	1,593	1,821	1,525.01
8	YEAR	52,720.00	65,900	92,260	105,440	105,440.01
	MONTH	4,393.33	5,492	7,688	8,787	7,353.01
	WEEK	1,013.85	1,267	1,774	2,028	1,697.01
For each additional person, add	YEAR	5,380.00	6,725	9,415	10,760	10,760.01
	MONTH	448.33	560	785	897	747.01
	WEEK	103.46	129	181	207	172.01

Upper Great Lakes Family Health Centers defines "household" as: ALL THE PERSONS WHO OCCUPY A HOUSING UNIT WHETHER THEY ARE RELATED TO EACH OTHER OR NOT.

REV'S'D 01/16/24

UGL defines "income" as TOTAL CASH RECEIPTS (WAGES, SALARIES, PUBLIC ASSISTANCE/

UNEMPLOYMENT/RETIREMENT PAYMENTS, SOCIAL SECURITY, ALIMONY, CHILD SUPPORT.) BEFORE TAXES. However, income does not include non-cash benefits (food stamps, school lunches, or food/rent in lieu of wages ). Income include gifts.

**\*Services that include materials, devices and/or lab costs will be in addition to the nominal fee.**