

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%
1	7,530.00	11,295.00	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00
2	10,220.00	15,330.00	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00
3	12,910.00	19,365.00	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00
4	15,600.00	23,400.00	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00
5	18,290.00	27,435.00	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00
6	20,980.00	31,470.00	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00
7	23,670.00	35,505.00	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00
8	26,360.00	39,540.00	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00
9	29,050.00	43,575.00	58,100.00	72,625.00	75,530.00	77,273.00	78,435.00	80,178.00	87,150.00
10	31,740.00	47,610.00	63,480.00	79,350.00	82,524.00	84,428.40	85,698.00	87,602.40	95,220.00
11	34,430.00	51,645.00	68,860.00	86,075.00	89,518.00	91,583.80	92,961.00	95,026.80	103,290.00
12	37,120.00	55,680.00	74,240.00	92,800.00	96,512.00	98,739.20	100,224.00	102,451.20	111,360.00
13	39,810.00	59,715.00	79,620.00	99,525.00	103,506.00	105,894.60	107,487.00	109,875.60	119,430.00
14	42,500.00	63,750.00	85,000.00	106,250.00	110,500.00	113,050.00	114,750.00	117,300.00	127,500.00

Financial Criteria

Patients who are uninsured or underinsured may be eligible for assistance based on certain financial

Patients who have a household income at or below 300% of the Federal Poverty Guidelines may rec

Patients who have a household income below 500% of the Federal Poverty Guidelines and who are ; may also receive a 50% discount as Reduced-Cost Care. For purposes of this provision, a financial ha (out-of-pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs bill by a family over a 12-month period that exceeds 25% of family income.

A patient whose income and assets exceed the established eligibility guidelines but state they are ur case basis. Eligibility for full or partial financial assistance will be determined after giving considerati circumstances. Additional criteria used to determine eligibility status includes employment status, fu income between 250% and 500% of the Federal Poverty Guidelines shall be eligible for a payment pl with the Health System's mission and service area.

I Hawaii)

							up to 100% Free care	Up to 25% Cost (75%)		
175%	180%	185%	200%	225%	250%	275%	300%	325%	350%	
26,355.00	27,108.00	27,861.00	30,120.00	33,885.00	37,650.00	41,415.00	45,180.00	48,945.00	52,710.00	
35,770.00	36,792.00	37,814.00	40,880.00	45,990.00	51,100.00	56,210.00	61,320.00	66,430.00	71,540.00	
45,185.00	46,476.00	47,767.00	51,640.00	58,095.00	64,550.00	71,005.00	77,460.00	83,915.00	90,370.00	
54,600.00	56,160.00	57,720.00	62,400.00	70,200.00	78,000.00	85,800.00	93,600.00	101,400.00	109,200.00	
64,015.00	65,844.00	67,673.00	73,160.00	82,305.00	91,450.00	100,595.00	109,740.00	118,885.00	128,030.00	
73,430.00	75,528.00	77,626.00	83,920.00	94,410.00	104,900.00	115,390.00	125,880.00	136,370.00	146,860.00	
82,845.00	85,212.00	87,579.00	94,680.00	106,515.00	118,350.00	130,185.00	142,020.00	153,855.00	165,690.00	
92,260.00	94,896.00	97,532.00	105,440.00	118,620.00	131,800.00	144,980.00	158,160.00	171,340.00	184,520.00	
101,675.00	104,580.00	107,485.00	116,200.00	130,725.00	145,250.00	159,775.00	174,300.00	188,825.00	203,350.00	
111,090.00	114,264.00	117,438.00	126,960.00	142,830.00	158,700.00	174,570.00	190,440.00	206,310.00	222,180.00	
120,505.00	123,948.00	127,391.00	137,720.00	154,935.00	172,150.00	189,365.00	206,580.00	223,795.00	241,010.00	
129,920.00	133,632.00	137,344.00	148,480.00	167,040.00	185,600.00	204,160.00	222,720.00	241,280.00	259,840.00	
139,335.00	143,316.00	147,297.00	159,240.00	179,145.00	199,050.00	218,955.00	238,860.00	258,765.00	278,670.00	
148,750.00	153,000.00	157,250.00	170,000.00	191,250.00	212,500.00	233,750.00	255,000.00	276,250.00	297,500.00	

I criteria, limitations, and exceptions, as provided below:

ive free care (a 100% discount).

also experiencing a financial hardship
rdship means medical debt
ed by a hospital) incurred

able to pay all or part of their account balance(s) may be further evaluated on a case-by-
on to the patient's total financial situation as well as a consideration of extenuating
uture earnings capacity, and other financial resources. Patients who have a household
lan pursuant to the Health System's separate billing and collections policy in accordance

Discount)	Up to 50% Cost (50% Discount)			
	375%	400%	425%	450%
56,475.00	60,240.00	84,712.50	94,125.00	94,125.00
76,650.00	81,760.00	114,975.00	127,750.00	127,750.00
96,825.00	103,280.00	145,237.50	161,375.00	161,375.00
117,000.00	124,800.00	175,500.00	195,000.00	195,000.00
137,175.00	146,320.00	205,762.50	228,625.00	228,625.00
157,350.00	167,840.00	236,025.00	262,250.00	262,250.00
177,525.00	189,360.00	266,287.50	295,875.00	295,875.00
197,700.00	210,880.00	296,550.00	329,500.00	329,500.00
217,875.00	232,400.00	326,812.50	363,125.00	363,125.00
238,050.00	253,920.00	357,075.00	396,750.00	396,750.00
258,225.00	275,440.00	387,337.50	430,375.00	430,375.00
278,400.00	296,960.00	417,600.00	464,000.00	464,000.00
298,575.00	318,480.00	447,862.50	497,625.00	497,625.00
318,750.00	340,000.00	478,125.00	531,250.00	531,250.00

All Agency Self-Pay Rates 7.1.2024

Amount Due

	CPT Code	Amount Charged	100% waived	25%	50%
Diagnostic Evaluations	90791	\$376.00	\$ -	\$ 94.00	\$ 188.00
	90792	\$423.00	\$ -	\$ 105.75	\$ 211.50
Individual Therapy	90832	\$164.00	\$ -	\$ 41.00	\$ 82.00
Individual Therapy	90833	\$151.00	\$ -	\$ 37.75	\$ 75.50
Individual Therapy	90834	\$217.00	\$ -	\$ 54.25	\$ 108.50
Individual Therapy	90836	\$190.00	\$ -	\$ 47.50	\$ 95.00
Individual Therapy	90837	\$317.00	\$ -	\$ 79.25	\$ 158.50
Individual Therapy	90838	\$250.00	\$ -	\$ 62.50	\$ 125.00
Crisis Psychotherapy	90839	\$304.00	\$ -	\$ 76.00	\$ 152.00
	90840	\$153.00	\$ -	\$ 38.25	\$ 76.50
Family Therapy w/o Client	90846	\$206.00	\$ -	\$ 51.50	\$ 103.00
Family Therapy w/Client	90847	\$213.00	\$ -	\$ 53.25	\$ 106.50
Group Therapy	90853	\$58.00	\$ -	\$ 14.50	\$ 29.00
Injection	96372	\$32.00	\$ -	\$ 8.00	\$ 16.00
	99202	\$160.00	\$ -	\$ 40.00	\$ 80.00
	99203	\$245.00	\$ -	\$ 61.25	\$ 122.50
	99204	\$364.00	\$ -	\$ 91.00	\$ 182.00
	99205	\$480.00	\$ -	\$ 120.00	\$ 240.00
E&M Med Mgt	99211	\$51.00	\$ -	\$ 12.75	\$ 25.50
E&M Med Mgt	99212	\$124.00	\$ -	\$ 31.00	\$ 62.00
E&M Med Mgt	99213	\$198.00	\$ -	\$ 49.50	\$ 99.00
E&M Med Mgt	99214	\$278.00	\$ -	\$ 69.50	\$ 139.00
E&M Med Mgt	99215	\$392.00	\$ -	\$ 98.00	\$ 196.00
	90889	\$53.00	\$ -	\$ 13.25	\$ 26.50
	H0032	\$214.00	\$ -	\$ 53.50	\$ 107.00