

**Fiscal Year 2018
HHSC Primary Health Care (PHC) Program
Monthly Federal Poverty Guidelines**

Family Size	≤100%FPL	101 - 133% FPL	134 - 150% FPL	151 - 185% FPL	186 - 200% FPL
1	0 – 1,012.00	\$1,012.01-\$1,346.00	\$1,346.01-\$1,518.00	\$1,518.01-\$1,873.00	\$1,873.01-\$2,024.00
2	0 - 1,372.00	\$1,372.01-\$1,825.00	\$1,825.01-\$2,058.00	\$2,058.01-\$2,539.00	\$2,539.01-\$2,744.00
3	0 - 1,732.00	\$1,732.01-\$2,304.00	\$2,304.01-\$2,598.00	\$2,598.01-\$3,205.00	\$3,205.01-\$3,464.00
4	0 - 2,092.00	\$2,092.01-\$2,783.00	\$2,783.01-\$3,138.00	\$3,138.01-\$3,871.00	\$3,871.01-\$4,184.00
5	0 - 2,452.00	\$2,452.01-\$3,262.00	\$3,262.01-\$3,678.00	\$3,678.01-\$4,537.00	\$4,537.01-\$4,904.00
6	0 - 2,812.00	\$2,812.01-\$3,740.00	\$3,740.01-\$4,218.00	\$4,218.01-\$5,203.00	\$5,203.01-\$5,624.00
7	0 - 3,172.00	\$3,172.01-\$4,219.00	\$4,219.01-\$4,758.00	\$4,758.01-\$5,869.00	\$5,869.01-\$6,344.00
8	0 - 3,532.00	\$3,532.01-\$4,698.00	\$4,698.01-\$5,298.00	\$5,298.01-\$6,535.00	\$6,535.01-\$7,064.00
9	0 - 3,892.00	\$3,892.01-\$5,177.00	\$5,177.01-\$5,838.00	\$5,838.01-\$7,201.00	\$7,201.01-\$7,784.00
10	0 - 4,252.00	\$4,252.01-\$5,656.00	\$5,656.01-\$6,378.00	\$6,378.01-\$7,867.00	\$7,867.01-\$8,504.00
11	0 - 4,612.00	\$4,612.01-\$6,134.00	\$6,134.01-\$6,918.00	\$6,918.01-\$8,533.00	\$8,533.01-\$9,224.00
12	0 - 4,972.00	\$4,972.01-\$6,613.00	\$6,613.01-\$7,458.00	\$7,458.01-\$9,199.00	\$9,199.01-\$9,944.00
13	0 - 5,332.00	\$5,332.01-\$7,092.00	\$7,092.01-\$7,998.00	\$7,998.01-\$9,865.00	\$9,865.01-\$10,664.00
14	0 - 5,692.00	\$5,692.01-\$7,571.00	\$7,571.01-\$8,538.00	\$8,538.01-\$10,531.00	\$10,531.01-\$11,384.00
15	0 - 6,052.00	\$6,052.01-\$8,050.00	\$8,050.01-\$9,078.00	\$9,078.01-\$11,197.00	\$11,197.01-\$12,104.00

Effective April 1, 2018

The contractor must waive the fee if a client self-declares an inability to pay. No PHC client shall be denied services based on an inability to pay.

If a co-payment is charged, it may not exceed \$30 or the cost of the visit/encounter, whichever is less.