

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
ALAMEDA HEALTH SYSTEM / COMMUNITY BASED ORGANIZATION
HEALTH PROGRAM OF ALAMEDA COUNTY (HealthPAC) FEDERAL POVERTY LEVEL SCHEDULE
Effective 3/17/2022

% OF POVERTY LEVEL	***MAXIMUM GROSS MONTHLY INCOME (IN US DOLLARS) PER FAMILY SIZE***										FOR EACH ADD'L MEMBER ADD:
	1	2	3	4	5	6	7	8	9	10	
0-138%	1,564	2,106	2,650	3,192	3,735	4,278	4,821	5,363	5,907	6,449	544
138.01 - 150%	1,700	2,289	2,880	3,470	4,059	4,650	5,240	5,829	6,420	7,010	591
150.01 - 200%	2,266	3,052	3,840	4,626	5,412	6,200	6,986	7,772	8,560	9,346	788
Over 200%	PATIENTS WHOSE GROSS MONTHLY INCOME IS OVER 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ARE NOT ELIGIBLE FOR HEALTHPAC AND SHALL BE CONSIDERED PRIVATE PAY.										