



Southeastern Medical Center
2024 Financial Assistance Guidelines

FAMILY SIZE	HCAP - 100%	Expanded Medicaid 138%	CHARITY – 101% - 150%	CHARITY - 151% - 200%	CHARITY - 201% - 250%	MCD 200% FPL
	100% Discount	Apply for Presumptive Medicaid	100% Discount	65% Discount	55% Discount	Apply for Presumptive Medicaid for Pregnant Women and Children
1	\$15,060.00	\$20,783.80	\$22,590.00	\$30,120.00	\$37,650.00	\$30,120.00
2	\$20,440.00	\$28,207.20	\$30,660.00	\$40,880.00	\$51,100.00	\$40,880.00
3	\$25,820.00	\$35,631.60	\$38,730.00	\$51,640.00	\$64,550.00	\$51,640.00
4	\$31,200.00	\$43,056.00	\$46,800.00	\$62,400.00	\$78,000.00	\$62,400.00
5	\$36,580.00	\$50,480.40	\$54,870.00	\$73,160.00	\$91,450.00	\$73,160.00
6	\$41,960.00	\$57,904.80	\$62,940.00	\$83,920.00	\$104,900.00	\$83,920.00
7	\$47,340.00	\$65,329.20	\$71,010.00	\$94,680.00	\$118,350.00	\$94,680.00
8	\$52,720.00	\$72,753.60	\$79,080.00	\$105,440.00	\$131,800.00	\$105,440.00
9	\$58,100.00	\$80,178.00	\$87,150.00	\$116,200.00	\$145,250.00	\$116,200.00
10	\$63,480.00	\$87,602.40	\$95,220.00	\$126,960.00	\$158,700.00	\$126,960.00
11	\$68,860.00	\$95,026.80	\$103,290.00	\$137,720.00	\$172,150.00	\$137,720.00
12	\$74,240.00	\$102,451.20	\$111,360.00	\$148,480.00	\$185,600.00	\$148,480.00
13	\$79,620.00	\$109,875.60	\$119,430.00	\$159,240.00	\$199,050.00	\$159,240.00
14	\$85,000.00	\$117,300.00	\$127,500.00	\$170,000.00	\$212,500.00	\$170,000.00
15	\$90,380.00	\$124,724.40	\$135,570.00	\$180,760.00	\$225,950.00	\$180,760.00

Calculated based on 2024 Federal Poverty Guidelines
Effective for dates of service January 31, 2024 and after