



Sliding Scale Federal Poverty Level 2024

This is an outline of the Federal Poverty Level (FPL) income ranges that will qualify for financial assistance qualifying services at BestCare.

	Class A (\$0 copay)	Class B (\$10 copay)	Class C (\$15 copay)	Class D (\$20 copay)	Class E (\$25 copay)	Class F (Full pay)
Family Size	0-100% FPL Monthly Gross	101-125% FPL Monthly Gross	126-150% FPL Monthly Gross	151-175% FPL Monthly Gross	176-200% FPL Monthly Gross	>200% FPL Monthly Gross
1	\$0-\$1,215	\$1,216-\$1,519	\$1,520-\$1,823	\$1,824-\$2,126	\$2,127-\$2,430	>\$2,430
2	\$1,216-\$1,643	\$1,644-\$2,054	\$2,055-\$2,465	\$2,466-\$2,875	\$2,876-\$3,286	>\$3,286
3	\$1,644-\$2,072	\$2,073-\$2,590	\$2,591-\$3,108	\$3,109-\$3,626	\$3,627-\$4,144	>\$4,144
4	\$2,073-\$2,500	\$2,501-\$3,125	\$3,126-\$3,750	\$3,751-\$4,375	\$4,376-\$5,000	>\$5,000
5	\$2,501-\$2,928	\$2,929-\$3,660	\$3,661-\$4,392	\$4,393-\$5,124	\$5,125-\$5,856	>\$5,856
6	\$2,929-\$3,357	\$3,358-\$4,196	\$4,197-\$5,036	\$5,037-\$5,875	\$5,876-\$6,714	>\$6,714
7	\$3,358-\$3,785	\$3,786-\$4,731	\$4,732-\$5,678	\$5,679-\$6,624	\$6,625-\$7,570	>\$7,570
8	\$3,786-\$4,213	\$4,214-\$5,266	\$5,267-\$6,320	\$6,321-\$7,373	\$7,374-\$8,426	>\$8,426

* For each additional family member add \$448

Clients with income below 138% FPL may qualify for Oregon Health Plan (OHP). Children and teens younger than 19 qualify for OHP Cover All Kids regardless of immigration status.