

Community Health Center of Southeast Kansas 2024 Financial Assistance Guidelines

ANNUAL						
Income Level	<100%	101%-133%	134%-167%	168%-200%	>200%	
Medical*	\$20.00	\$30.00	\$40.00	\$50.00	100%	
Behavioral	\$30.00	\$40.00	\$50.00	\$60.00	100%	
Dental	\$40.00	\$50.00	\$60.00	\$70.00	100%	
	MAXIMUM ANNUAL INCOME					
Family Size	Α	В	С	D	E	
1	\$15,060	\$20,030	\$25,150	\$30,120	\$30,121 +	
2	\$20,440	\$27,185	\$34,135	\$40,880	\$40,881 +	
3	\$25,820	\$34,341	\$43,119	\$51,640	\$51,641 +	
4	\$31,200	\$41,496	\$52,104	\$62,400	\$62,401 +	
5	\$36,580	\$48,651	\$61,089	\$73,160	\$73,161 +	
6	\$41,960	\$55,807	\$70,073	\$83,920	\$83,921 +	
7	\$47,340	\$62,962	\$79,058	\$94,680	\$94,681 +	
8	\$52,720	\$70,118	\$88,042	\$105,440	\$105,441 +	
Each Additional Person	\$5,380	\$7,155	\$8,985	\$10,760		

MONTHLY					
Income Level	<100%	101%-133%	134%-167%	168%-200%	>200%
Family Size	Α	В	С	D	E
1	\$1,255	\$1,669	\$2,096	\$2,510	\$2,511 +
2	\$1,703	\$2,265	\$2,845	\$3,407	\$3,408 +
3	\$2,152	\$2,862	\$3,593	\$4,303	\$4,304 +
4	\$2,600	\$3,458	\$4,342	\$5,200	\$5,201 +
5	\$3,048	\$4,054	\$5,091	\$6,097	\$6,098 +
6	\$3,497	\$4,651	\$5,839	\$6,993	\$6,994 +
7	\$3,945	\$5,247	\$6,588	\$7,890	\$7,891 +
8	\$4,393	\$5,843	\$7,337	\$8,787	\$8,788 +
Each Additional Person	\$448	\$596	\$749	\$897	

HOURLY					
Income Level	<100%	101%-133%	134%-167%	168%-200%	>200%
Family Size	Α	В	С	D	E
1	\$7.24	\$9.63	\$12.09	\$14.48	\$14.49 +
2	\$9.83	\$13.07	\$16.41	\$19.65	\$19.66 +
3	\$12.41	\$16.51	\$20.73	\$24.83	\$24.84 +
4	\$15.00	\$19.95	\$25.05	\$30.00	\$30.01 +
5	\$17.59	\$23.39	\$29.37	\$35.17	\$35.18 +
6	\$20.17	\$26.83	\$33.69	\$40.35	\$40.36 +
7	\$22.76	\$30.27	\$38.01	\$45.52	\$45.53 +
8	\$25.35	\$33.71	\$42.33	\$50.69	\$50.70 +
Each Additional Person	\$2.59	\$3.44	\$4.32	\$5.17	

*See CHC/SEK's Schedule of Discounted/Nominal Charges for a list of CHC/SEK services and discounted/nominal charges.

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Source: https://aspe.hhs.gov/poverty-guidelines

(Gross Income Used for Calculations)