

2015 Health & Human Services Poverty Guidelines & Dollar Figures for 500% above the Federal Poverty Guidelines

Persons in Family or Household	48 Contiguous States Puerto Rico and D.C.	500%	Alaska	500%	Hawaii	500%
1	\$11,770	\$58,850	\$14,720	\$73,600	\$13,550	\$67,750
2	\$15,930	\$79,650	\$19,920	\$99,600	\$18,330	\$91,650
3	\$20,090	\$100,450	\$25,120	\$125,600	\$23,110	\$115,550
4	\$24,250	\$121,250	\$30,320	\$151,600	\$27,890	\$139,450
5	\$28,410	\$142,050	\$35,520	\$177,600	\$32,670	\$163,350
6	\$32,570	\$162,850	\$40,720	\$203,600	\$37,450	\$187,250
7	\$36,730	\$183,650	\$45,920	\$229,600	\$42,230	\$211,150
8	\$40,890	\$204,450	\$51,120	\$255,600	\$47,010	\$235,050
For each additional person add	\$4,160	\$20,800	\$5,200	\$26,000	\$4,780	\$23,900

The above Federal Poverty Guidelines adapted scale is to be used as a reference tool only, it does not guarantee income eligibility or approval for the Co-Pay Assistance program.

Your income can also be impacted by the Cost of living Index (COLI) in your area. To be eligible for the Co-Pay Assistance program your household income must be at or below 500% of the Federal Poverty Level as adjusted by the Cost of living Index (COLI).

SOURCE: Federal Register, January 22, 2015

<http://aspe.hhs.gov/poverty/15poverty.cfm#guidelines>

Adapted by The Leukemia & Lymphoma Society's Prescription Drug Co-Pay Assistance Program

www.lls.org/copay
copay@LLS.org

877-557-2672 (877-LLS-COPAY)