

**Schedule A**

Main Line Health Financial Assistance Table\*

To apply for Financial Assistance, the patient must complete the MLH Financial Assistance Application and proof of income must be attached. Federal Poverty Guidelines effective January 2026.

<b>Size of Family Unit</b>	<b>Yearly Income at or below 300% of the Federal Poverty Guideline = 100% Free Care</b>	<b>Yearly Income between 301-500%, eligible for 86% Discount</b>
1	\$47,880	\$47,881 - \$79,800
2	\$64,920	\$64,921 - \$108,200
3	\$81,960	\$81,961 - \$136,600
4	\$99,000	\$99,001 - \$165,000
5	\$116,040	\$116,041 - \$193,400
6	\$133,080	\$133,081 - \$221,800
7	\$150,120	\$150,121 - \$250,200
8	\$167,160	\$167,161 - \$278,600
<b>For each additional family member after 8 add:</b>	\$17,040	\$28,400

Examples:

Family unit of 1 with an annual income of \$20,000 receives a 100% free care.

Family unit of 5 with an annual income of \$117,000 will receive an 86% discount.

Family unit of 4 with an annual income of \$48,000 will receive 100% free care.

Family unit of 7 with an annual income of \$170,000 receive an 86% discount.

\* This Table shall be adjusted in accordance with annually released changes to the Federal Poverty Guidelines