

# Pautas para atención gratuita del Catholic Medical Center (CMC) 2019

*A partir del 1/4/19 al 31/3/20*

Tamaño del grupo familiar	100 % del FPL	Del 0 % al 225 % del FPL		Del 226 % al 250 % del FPL		Del 251 % al 300 % del FPL	
		Nivel 1 (100 % de descuento)		Nivel 2 (90 % de descuento)		Nivel 3 (75 % de descuento)	
		Ingreso mensual = o < a	Ingreso anual = o < a	Ingreso mensual = o < a	Ingreso anual = o < a	Ingreso mensual = o < a	Ingreso anual = o < a
<b>1</b>	\$12,490.00	\$2,341.88	\$28,102.50	\$2,602.08	\$31,225.00	\$3,122.50	\$37,470.00
<b>2</b>	\$16,910.00	\$3,170.63	\$38,047.50	\$3,522.92	\$42,275.00	\$4,227.50	\$50,730.00
<b>3</b>	\$21,330.00	\$3,999.38	\$47,992.50	\$4,443.75	\$53,325.00	\$5,332.50	\$63,990.00
<b>4</b>	\$25,750.00	\$4,828.13	\$57,937.50	\$5,364.58	\$64,375.00	\$6,437.50	\$77,250.00
<b>5</b>	\$30,170.00	\$5,656.88	\$67,882.50	\$6,285.42	\$75,425.00	\$7,542.50	\$90,510.00
<b>6</b>	\$34,590.00	\$6,485.63	\$77,827.50	\$7,206.25	\$86,475.00	\$8,647.50	\$103,770.00
<b>7</b>	\$39,010.00	\$7,314.38	\$87,772.50	\$8,127.08	\$97,525.00	\$9,752.50	\$117,030.00
<b>8</b>	\$43,430.00	\$8,143.13	\$97,717.50	\$9,047.92	\$108,575.00	\$10,857.50	\$130,290.00
<b>9</b>	\$47,850.00	\$8,971.88	\$107,662.50	\$9,968.75	\$119,625.00	\$11,962.50	\$143,550.00
<b>10</b>	\$52,270.00	\$9,800.63	\$117,607.50	\$10,889.58	\$130,675.00	\$13,067.50	\$156,810.00
Por cada persona adicional, sumar	\$4,420.00						