

SHERIDAN MEMORIAL HOSPITAL ASSOCIATION

All totals are calculated from the 2023 Federal Poverty Guidelines.

This table shall be adjusted in accordance with annually released changes to the Federal Poverty Levels.

FPG	100%	150%	200%	250%	300%	400%	500%	600%
Size of Family	1x FPG	1.5x FPG	2.0x FPG	2.5x FPG	3.0x FPG	4.0xFPG	5.0xFPG	6.0xFPG
Unit	100%	100%	100%	80%	60%	40%	20%	10%
1	\$14,580.00	\$21,870.00	\$29,160.00	\$36,450.00	\$43,740.00	\$58,320.00	\$72,900.00	\$87,480.00
2	\$19,720.00	\$29,580.00	\$39,440.00	\$49,300.00	\$59,160.00	\$78,880.00	\$98,600.00	\$118,320.00
3	\$24,860.00	\$37,290.00	\$49,720.00	\$62,150.00	\$74,580.00	\$99,440.00	\$124,300.00	\$149,160.00
4	\$30,000.00	\$45,000.00	\$60,000.00	\$75,000.00	\$90,000.00	\$120,000.00	\$150,000.00	\$180,000.00
5	\$35,140.00	\$52,710.00	\$70,280.00	\$87,850.00	\$105,420.00	\$140,560.00	\$175,700.00	\$210,840.00
6	\$40,280.00	\$60,420.00	\$80,560.00	\$100,700.00	\$120,840.00	\$161,120.00	\$201,400.00	\$241,680.00
7	\$45,420.00	\$68,130.00	\$90,840.00	\$113,550.00	\$136,260.00	\$181,680.00	\$227,100.00	\$272,520.00
8	\$50,560.00	\$75,840.00	\$101,120.00	\$126,400.00	\$151,680.00	\$202,240.00	\$252,800.00	\$303,360.00
Addtl person +	\$5,140.00							
Nominal Clinic/Outpatient/Rad/Lab/Rehab Fee	\$0.00	\$5.00	\$10.00	\$10.00	\$10.00	\$20.00	\$20.00	\$20.00
Nominal ER/Amb/Inpatient/Obs Fee	\$0.00	\$25.00	\$50.00	\$50.00	\$50.00	\$100.00	\$100.00	\$100.00

Montana Minimum Wage \$9.95

Source: Federal Register

effective 1.16.23