



UNIVERSAL PRIMARY CARE

SOUTHERN TIER COMMUNITY HEALTH CENTER NETWORK • (716) 375-7500 • WWW.UPCHEALTH.NET
 135 N. UNION ST 132 WEST MAIN ST 9864 LUCKEY DR 445 BROAD ST 159 INTERSTATE PWKY
 OLEAN, N.Y. 14760 CUBA, N.Y. 14727 HOUGHTON, N.Y. 14744 SALAMANCA, N.Y. 14779 BRADFORD, P.A. 16701

Financial Assistance Plan Sliding Fee Discount Program

2022 Poverty Guidelines
Based only on Income and Family Size

ANNUAL INCOME

Slide Type		A	B		C		D		E		F		G
Percent of Poverty		≤100%	>100%-125%		126%-150%		151%-175%		176%-200%		greater than 201%		
											<i>201%-250% Approved Family Planning Services Only</i>		
Family Size	1	\$13,590	\$13,591	\$16,988	\$16,989	\$20,385	\$20,386	\$23,783	\$23,784	\$27,180	\$27,181	\$33,975	\$33,976
	2	\$18,310	\$18,311	\$22,888	\$22,889	\$27,465	\$27,466	\$32,043	\$32,044	\$36,620	\$36,621	\$45,775	\$45,776
	3	\$23,030	\$23,031	\$28,788	\$28,789	\$34,545	\$34,546	\$40,303	\$40,304	\$46,060	\$46,061	\$57,575	\$57,576
	4	\$27,750	\$27,751	\$34,688	\$34,689	\$41,625	\$41,626	\$48,563	\$48,564	\$55,500	\$55,501	\$69,375	\$69,376
	5	\$32,470	\$32,471	\$40,588	\$40,589	\$48,705	\$48,706	\$56,823	\$56,824	\$64,940	\$64,941	\$81,175	\$81,176
	6	\$37,190	\$37,191	\$46,488	\$46,489	\$55,785	\$55,786	\$65,083	\$65,084	\$74,380	\$74,381	\$92,975	\$92,976
	7	\$41,910	\$41,911	\$52,388	\$52,389	\$62,865	\$62,866	\$73,343	\$73,344	\$83,820	\$83,821	\$104,775	\$104,776
	8	\$46,630	\$46,631	\$58,288	\$58,289	\$69,945	\$69,946	\$81,603	\$81,604	\$93,260	\$93,261	\$116,575	\$116,576
	9	\$51,350	\$51,351	\$64,188	\$64,189	\$77,025	\$77,026	\$89,863	\$89,864	\$102,700	\$102,701	\$128,375	\$128,376
	10	\$56,070	\$56,071	\$70,088	\$70,089	\$84,105	\$84,106	\$98,123	\$98,124	\$112,140	\$112,141	\$140,175	\$140,176



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Slide Type	A	B	C	D	E	F	G	
Medical Patient Pays	\$0.00	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00		Full Price (No Discount)
Dental Patient Pays	\$0.00	\$40.00	\$60.00	\$80.00	\$100.00	Full Price (No Discount)		Full Price (No Discount)