Nebraska Medical Center Charity Care
Attachment A
Based on HHS Poverty Guidelines for 2025

HHS Poverty Guidelines

Family Size:	1	2	3	4	5	6	7	8
Contiguous 48 States	**$15,650**	**$21,150**	**$26,650**	**$32,150**	**$37,650**	**$43,150**	**$48,650**	**$54,150**
Alaska	$19,550	$26,430	$33,310	$40,190	$47,070	$53,950	$60,830	$67,710
Hawaii	$17,990	$24,320	$30,650	$36,980	$43,310	$49,640	$55,970	$62,300

In Alaska, for family units with more than 8 members, add $6880 for each additional member.
In Hawaii, for family units with more than 8 members, add $6330for each additional member.
For all other family units with more than 8 members, add $5500 for each additional member.

		Maximum=Base Poverty Income Level x 200%		Maximum=Base Poverty Income Level x 300%		Maximum=Base Poverty Income Level x 400%	
		TNMC Charity Adjustment of 100%		TNMC Charity Adjustment of 80%		TNMC Charity Adjustment of 60%	
Family Size	Federal Poverty Income Guideline = Base*	Minimum Income Level	Maximum Income Level	Minimum Income Level	Maximum Income Level	Minimum Income Level	Maximum Income Level
1	$ 15,650	$0	$31,300	$31,301	$46,950	$46,951	$62,600
2	$ 21,150	$0	$42,300	$42,301	$63,450	$63,451	$84,600
3	$ 26,650	$0	$53,300	$53,301	$79,950	$79,951	$106,600
4	$ 32,150	$0	$64,300	$64,301	$96,450	$96,451	$128,600
5	$ 37,650	$0	$75,300	$75,301	$112,950	$112,951	$150,600
6	$ 43,150	$0	$86,300	$86,301	$129,450	$129,451	$172,600
7	$ 48,650	$0	$97,300	$97,301	$145,950	$145,951	$194,600
8	$ 54,150	$0	$108,300	$108,301	$162,450	$162,451	$216,600

*Income Base is updated annually when the Department of Health and Human Services updates their poverty level guidelines.

**To assist with instances of outlier accounts, total patient responsibility will not exceed 25% of the annual family income regardless the percentage discount that an individual qualifies for.

Charity care scale is based on 200%, 300%, 400% of poverty scale