



**SMITH COUNTY MEMORIAL HOSPITAL  
SMITH COUNTY FAMILY PRACTICE**

921 E. Hwy 36 | PO Box 349  
Smith Center, KS 66967

**Financial Assistance Policy**

**Appendix A: Federal Poverty Levels**

| <b>Persons in Family /<br/>Household</b> | <b>2021 Coverage<br/>(2020 Poverty<br/>Levels)</b> | <b>2022 Coverage<br/>(2021 Poverty<br/>Levels)</b> | <b>2023 Coverage<br/>(2022 Poverty<br/>Levels)</b> |
|------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| 1                                        | \$ 12,760                                          | \$ 12,880                                          | \$ 13,590                                          |
| 2                                        | \$ 17,240                                          | \$ 17,420                                          | \$ 18,310                                          |
| 3                                        | \$ 21,720                                          | \$ 21,960                                          | \$ 23,030                                          |
| 4                                        | \$ 26,200                                          | \$ 26,500                                          | \$ 27,750                                          |
| 5                                        | \$ 30,680                                          | \$ 31,040                                          | \$ 32,470                                          |
| 6                                        | \$ 35,160                                          | \$ 35,580                                          | \$ 37,190                                          |
| 7                                        | \$ 39,640                                          | \$ 40,120                                          | \$ 41,910                                          |
| 8                                        | \$ 44,120                                          | \$ 44,660                                          | \$ 46,630                                          |
| For each additional<br>person, add       | \$ 4,480                                           | \$ 4,540                                           | \$ 4,720                                           |