DOH 342-034 JAN 2026

INCOME ELIGIBILITY TABLES

Effective January 13, 2026 – January 31, 2027

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

These tables determine income eligibility for the Breast, Cervical and Colon Health Program based on Federal Poverty Level (FPL):

Gross Yearly Income		
Family Size	**250% FPL**	**300% FPL**
1	$39,900	$47,880
2	$54,100	$64,920
3	$68,300	$81,960
4	$82,500	$99,000
5	$96,700	$116,040
6	$110,900	$133,080
7	$125,100	$150,120
8	$139,300	$167,160
8+ Add per each additional member	$14,200	$17,040

Gross Monthly Income		
Family Size	**250% FPL**	**300% FPL**
1	$3,325.00	$3,990
2	$4,508.33	$5,410
3	$5,691.67	$6,830
4	$6,875.00	$8,250
5	$8,058.33	$9,670
6	$9,241.67	$11,090
7	$10,425.00	$12,510
8	$11,608.33	$13,930
8+ Add per each additional member	$1,183.33	$1,420

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