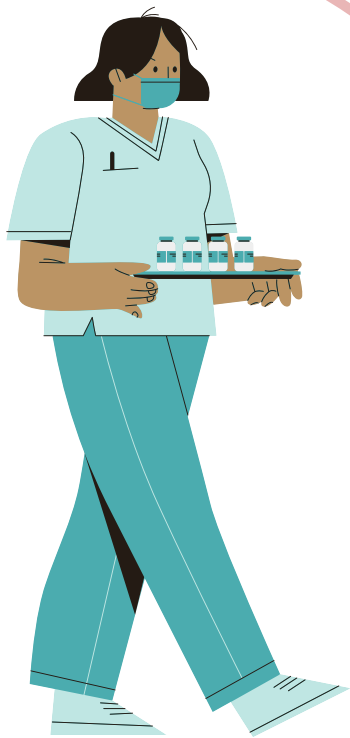


# Are You Uninsured in Miami-Dade?

Are you an uninsured Miami-Dade resident? If so, you may be eligible for free or reduced care at Jackson. Income guidelines and fees are on the back of this page. Basic primary care is free of charge. Application forms are at <https://jacksonhealth.org/patient-tools/financial-assistance/>.



IF YOU HAVE A JACKSON CARE CARD, OR ARE HOPING TO GET ONE, BUT CAN'T AFFORD THE FEES FOR A SERVICE YOU NEED, PLEASE CONTACT FLORIDA HEALTH JUSTICE PROJECT AT:

[www.floridahealthstories.org/contact](http://www.floridahealthstories.org/contact)

Please see reverse side for additional information on income requirements and copayment fee schedules.

## Income Guidelines

# of Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$ 1,073	\$ 1,428	\$ 1,481	\$ 1,610	\$ 2,147	\$ 3,220	\$ 4,293
2	\$ 1,452	\$ 1,931	\$ 2,003	\$ 2,178	\$ 2,903	\$ 4,355	\$ 5,807
3	\$ 1,830	\$ 2,434	\$ 2,525	\$ 2,745	\$ 3,660	\$ 5,490	\$ 7,320
4	\$ 2,208	\$ 2,937	\$ 3,048	\$ 3,313	\$ 4,417	\$ 6,625	\$ 8,833
5	\$ 2,587	\$ 3,440	\$ 3,570	\$ 3,880	\$ 5,173	\$ 7,760	\$ 10,347
6	\$ 2,965	\$ 3,943	\$ 4,092	\$ 4,448	\$ 5,930	\$ 8,895	\$ 11,860
7	\$ 3,343	\$ 4,447	\$ 4,614	\$ 5,015	\$ 6,687	\$ 10,030	\$ 13,373
8	\$ 3,722	\$ 4,950	\$ 5,136	\$ 5,583	\$ 7,443	\$ 11,165	\$ 14,887

Add \$378.33 for each person in household over 8 persons

# of Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$ 12,880	\$ 17,130	\$ 17,774	\$ 19,320	\$ 25,760	\$ 38,640	\$ 51,520
2	\$ 17,420	\$ 23,169	\$ 24,040	\$ 26,130	\$ 34,840	\$ 52,260	\$ 69,680
3	\$ 21,960	\$ 29,207	\$ 30,305	\$ 32,940	\$ 43,920	\$ 65,880	\$ 87,840
4	\$ 26,500	\$ 35,245	\$ 36,570	\$ 39,750	\$ 53,000	\$ 79,500	\$ 106,000
5	\$ 31,040	\$ 41,283	\$ 42,835	\$ 46,560	\$ 62,080	\$ 93,120	\$ 124,160
6	\$ 35,580	\$ 47,321	\$ 49,100	\$ 53,370	\$ 71,160	\$ 106,740	\$ 142,320
7	\$ 40,120	\$ 53,360	\$ 55,366	\$ 60,180	\$ 80,240	\$ 120,360	\$ 160,480
8	\$ 44,600	\$ 59,398	\$ 61,631	\$ 66,990	\$ 89,320	\$ 133,980	\$ 178,640

Add \$4,540.00 for each person in household over 8 persons

## Copayment Fee Schedule

	J02 (< or = 100% FPL)	J03 (101% to 150% FPL)	J04 (151% to 300% FPL)
Primary Care Clinics	0	\$50	\$70
Pharmacy	\$6.50/drug	\$12/drug	\$25/drug
Emergency Department	\$40	\$70	\$100
Specialty Clinic & Dental Evaluation	\$40	\$70	\$100
Inpatient & Outpatient Procedures	\$100/day	\$200/day	\$300/day
Routine Labs & Routine Radiology	\$25	\$50	\$80
High Cost Radiology (MRI, CT, PET, NM)	\$40	\$70	\$100
Rehab, Infusion Therapy, Radiation Oncology	\$15	\$25	\$40



Note: Getting care at Jackson does not impact your immigration application.