



**Notice of Availability of Healthcare Assistance Program - Effective January 23, 2026**

Patient eligibility for the Healthcare Assistance Program is determined by measuring family income against the federal poverty guidelines. The current income guidelines are as follows:

**Sliding Payment Scale based on Monthly Income**

\*FPL = Federal Poverty Guideline

| USA Poverty Guideline |                      |                       |
|-----------------------|----------------------|-----------------------|
| Family Size           | Family Yearly Income | Family Monthly Income |
| 1                     | \$15,960             | \$1,330               |
| 2                     | \$21,640             | \$1,803               |
| 3                     | \$27,320             | \$2,277               |
| 4                     | \$33,000             | \$2,750               |
| 5                     | \$38,680             | \$3,223               |
| 6                     | \$44,360             | \$3,697               |
| 7                     | \$50,040             | \$4,170               |
| 8                     | \$55,720             | \$4,643               |

| 100-200% of FPL*       | 201-250% of FPL*       | 251-300% of FPL*       | Over 300%           |
|------------------------|------------------------|------------------------|---------------------|
| 100% Covered           | 75% Covered            | 50% Covered            | Not Eligible        |
| Patient Pays 0%        | Patient Pays 25%       | Patient Pays 50%       | Patient Pays 100%   |
| Monthly Income Between | Monthly Income Between | Monthly Income Between | Monthly Income Over |
| \$0 to \$2,660         | \$2,661 to \$3,325     | \$3,326 to \$3,990     | \$3,991             |
| \$0 to \$3,607         | \$3,608 to \$4,508     | \$4,509 to \$5,410     | \$5,411             |
| \$0 to \$4,553         | \$4,554 to \$5,692     | \$5,693 to \$6,830     | \$6,831             |
| \$0 to \$5,500         | \$5,501 to \$6,875     | \$6,876 to \$8,250     | \$8,251             |
| \$0 to \$6,447         | \$6,448 to \$8,058     | \$8,059 to \$9,670     | \$9,671             |
| \$0 to \$7,393         | \$7,394 to \$9,242     | \$9,243 to \$11,090    | \$11,091            |
| \$0 to \$8,340         | \$8,341 to \$10,425    | \$10,426 to \$12,510   | \$12,511            |
| \$0 to \$9,287         | \$9,288 to \$11,608    | \$11,609 to \$13,930   | \$13,931            |

For families/households with more than 8 persons, add \$5,680 for each additional person.

**Family Monthly Income Calculation** | (Family Size x \$5,680) + \$10,280 = Yearly Income / 12 = FMI

To calculate the MAX Category Range value use the following.

| 100-200% of FPL* | 201-250% of FPL* | 251-300% of FPL* | Over 300%     |
|------------------|------------------|------------------|---------------|
| FMI x 2          | FMI x 2.5        | FMI x 3          | (FMI x 3) + 1 |

If you think you are eligible for the Healthcare Assistance Program and wish to request it, please make a written request to the Business Office. The Business Office will make a written determination of eligibility within fifteen (15) business days of your request, provided you have supplied the proper documentation.

The federal poverty guidelines change each year and will be reflected in this schedule when we are notified by the Department of Health. No nominal fees will be added.

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