

**Geisinger Health Financial Assistance Income & Household Size Criteria  
CY 2024**

<b>Family Size</b>	<b>100% Discount If Household Income Is No More Than</b>
1.....	\$45,180
2.....	\$61,320
3.....	\$77,460
4.....	\$93,600
5.....	\$109,740
6.....	\$125,880
7.....	\$142,020
8.....	\$158,160

For households larger than 8 persons, add \$15,420 for each additional person

Effective as of: 1/17/24 [Poverty Guidelines](#) | [ASPE \(hhs.gov\)](#)