



Ascension Rx Medication Assistance Program- TN Market

2024 Income Limit Criteria

FAMILY SIZE	300% FPL	FAMILY SIZE	300% FPL	FAMILY SIZE	300% FPL
	Gross ANNUAL		Gross MONTHLY		Gross WEEKLY
	Income		Income		Income
1	\$45,180	1	\$3,765	1	\$868
2	\$61,320	2	\$5,110	2	\$1,179
3	\$77,460	3	\$6,455	3	\$1,489
4	\$93,600	4	\$7,800	4	\$1,800
5	\$109,740	5	\$9,145	5	\$2,110
6	\$125,880	6	\$10,490	6	\$2,420
7	\$142,020	7	\$11,835	7	\$2,731
8	\$158,160	8	\$13,180	8	\$3,041
9	\$174,300	9	\$14,525	9	\$3,351
10	\$190,440	10	\$15,870	10	\$3,662

**** Gross HOUSEHOLD Income is BEFORE taxes and deductions**

***** Income limits are based on 2024 Federal Poverty Level guidelines**