

## Regional Perinatal Intensive Care Centers Program Financial Eligibility Criteria

The RPICC Program financial guidelines are based on 185% of the [federal poverty level](#) for obstetrical patients and 200% of the federal poverty level for neonatal patients.

**There are no financial exceptions to the RPICC Program.** All RPICC Program patients should be referred to Economic Self-Sufficiency units for Medicaid eligibility determination.

Family Size	2014 FPL		Obstetrical Patients		Neonatal Patients	
	100% FPL Yearly	100% FPL Monthly	185% FPL Yearly	185% FPL Monthly	200% FPL Yearly	200% FPL Monthly
1	\$11,670	\$973	\$21,590	\$1,799	\$23,340	\$1,945
2	\$15,730	\$1,311	\$29,101	\$2,425	\$31,460	\$2,622
3	\$19,790	\$1,649	\$36,612	\$3,051	\$39,580	\$3,298
4	\$23,850	\$1,988	\$44,123	\$3,677	\$47,700	\$3,975
5	\$27,910	\$2,326	\$51,634	\$4,303	\$55,820	\$4,652
6	\$31,970	\$2,664	\$59,145	\$4,929	\$63,940	\$5,328
7	\$36,030	\$3,003	\$66,656	\$5,555	\$72,060	\$6,005
8	\$40,090	\$3,341	\$74,167	\$6,181	\$80,180	\$6,682
+1	\$4,060		\$7,511		\$8,120	

For Pregnancy-Related Medicaid Eligibility, families with more than 8 members, add \$7,511 for each additional person.

For Infants < 1 Medicaid eligibility, add \$8,120 for each additional member in families with more than 8 members.