North Star HEALTH

MEDICAL DISCOUNT SCHEDULE

	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG
Fam #	100% Free		75% Free		50% Free		25% Free		0% Free
	From	To	From	To	From	To	From	To	More Than
1	0	$ 15,960	$ 15,961	$ 19,950	$ 19,951	$ 27,930	$ 27,931	$ 31,920	$ 31,921
2	0	$ 21,640	$ 21,641	$ 27,050	$ 27,051	$ 37,870	$ 37,871	$ 43,280	$ 43,281
3	0	$ 27,320	$ 27,321	$ 34,150	$ 34,151	$ 47,810	$ 47,811	$ 54,640	$ 54,641
4	0	$ 33,000	$ 33,001	$ 41,250	$ 41,251	$ 57,750	$ 57,751	$ 66,000	$ 66,001
5	0	$ 38,680	$ 38,681	$ 48,350	$ 48,351	$ 67,690	$ 67,691	$ 77,360	$ 77,361
6	0	$ 44,360	$ 44,361	$ 55,450	$ 55,451	$ 77,630	$ 77,631	$ 88,720	$ 88,721
7	0	$ 50,040	$ 50,041	$ 62,550	$ 62,551	$ 87,570	$ 87,571	$ 100,080	$ 100,081
8	0	$ 55,720	$ 55,721	$ 69,650	$ 69,651	$ 97,510	$ 97,511	$ 111,440	$ 111,441

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

1/14/2026