

Illinois Breast and Cervical Cancer Program (IBCCP)
 Income Guidelines
 July 1, 2024 – June 30, 2025
 (250% of Federal Poverty Guidelines)

IBCCP INCOME GUIDELINES				
Household Size		Weekly	Monthly	Annually
1	<input type="checkbox"/>	\$722	\$3,137	\$37,650
2	<input type="checkbox"/>	\$980	\$4,258	\$51,100
3	<input type="checkbox"/>	\$1,238	\$5,379	\$64,550
4	<input type="checkbox"/>	\$1,496	\$6,500	\$78,000
5	<input type="checkbox"/>	\$1,754	\$7,621	\$91,450
6	<input type="checkbox"/>	\$2,012	\$8,742	\$104,900
7	<input type="checkbox"/>	\$2,270	\$9,862	\$118,350
8	<input type="checkbox"/>	\$2,527	\$10,983	\$131,800

For each additional member, add \$258 \$1,121 \$13,450.00

Based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

SOURCE: <https://aspe.hhs.gov/poverty-guidelines>

NOTE: This table represents the income amounts equal to 250% of the Federal Poverty Guidelines at various household sizes. Women who have income at or below the amounts shown in this table qualify for the Federal (CDC) Program. Women with income above the amounts shown in this table qualify only for the Expanded Program.