

**APPENDIX B: HEALTH PROGRAM OF ALAMEDA COUNTY FEDERAL POVERTY LEVEL AND LIABILITY SCHEDULE**

**ALAMEDA COUNTY HEALTH**  
**ALAMEDA HEALTH SYSTEM / COMMUNITY BASED ORGANIZATIONS**  
**HEALTH PROGRAM OF ALAMEDA COUNTY (HealthPAC) FEDERAL POVERTY LEVEL AND LIABILITY SCHEDULE**  
**Effective January 1, 2026**

% OF POVERTY LEVEL	HealthPAC CO-PAYMENT					***MAXIMUM GROSS MONTHLY INCOME (IN US DOLLARS) PER FAMILY SIZE***										FOR EACH ADD'L MEMBER ADD:
	Emergency Co-Pay	Inpatient Co-Pay	Outpatient Co-Pay	Pharmacy Co-Pay <sup>1</sup>	Special Procedure <sup>2</sup> Co-Pay	1	2	3	4	5	6	7	8	9	10	
0-138%	\$0	\$0	\$0	\$0	\$0	1,801	2,433	3,065	3,699	4,331	4,963	5,596	6,228	6,860	7,494	634
138.01 - 150%	\$35	\$100	\$10	\$5	\$100	1,958	2,645	3,332	4,020	4,707	5,394	6,083	6,770	7,457	8,145	689
150.01 - 200%	\$50	\$100	\$15	\$5	\$100	2,610	3,526	4,442	5,360	6,276	7,192	8,110	9,026	9,942	10,860	918
Over 200%	<b><i>PATIENTS WHOSE GROSS MONTHLY INCOME IS OVER 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ARE NOT ELIGIBLE FOR HEALTHPAC AND SHALL BE CONSIDERED SELF PAY.</i></b>															

<sup>1</sup>Pharmacy charge \$5 per prescription drug with \$50 per visit maximum.

<sup>2</sup>Examples of special procedures include:

- bronchoscopy
- cat scans
- cholecystectomy
- colonoscopy
- EMG (electromyography)
- endoscopy
- Holter monitor
- hysteroscopy
- implantation of pumps
- pacemakers
- stimulators or other devices
- IV infusion/chemotherapy (co-pay to cover duration of treatment plan)
- laparoscopy
- MRI (Magnetic Resonance Imaging)
- myelography
- nuclear med
- thoracoscopy
- venous/arterial catheter placement

<sup>3</sup>An urgent care visit is charged the same as an outpatient visit.

Routine labs and x-rays are not accessed a co-pay.