

2026 UHS Breast Health Programs' Income Guidelines

Beginning March 1, 2026

Household/ Family Size	Dollars Per Year			
	100%	200%	350%	400%
1	15,960.00	31,920.00	55,860.00	63,840.00
2	21,640.00	43,280.00	75,740.00	86,560.00
3	27,320.00	54,640.00	95,620.00	109,280.00
4	33,000.00	66,000.00	115,500.00	132,000.00
5	38,680.00	77,360.00	135,380.00	154,720.00
6	44,360.00	88,720.00	155,260.00	177,440.00
7	50,040.00	100,080.00	175,140.00	200,160.00
8	55,720.00	111,440.00	195,020.00	222,880.00
9	61,400.00	122,800.00	214,900.00	245,600.00
10	67,080.00	134,160.00	234,780.00	268,320.00
11	72,760.00	145,520.00	254,660.00	291,040.00
12	78,440.00	156,880.00	274,540.00	313,760.00

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

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Household/ Family Size	Dollars Per Month			
	100%	200%	350%	400%
1	1,330.00	2,660.00	4,655.00	5,320.00
2	1,803.33	3,606.67	6,311.67	7,213.33
3	2,276.67	4,553.33	7,968.33	9,106.67
4	2,750.00	5,500.00	9,625.00	11,000.00
5	3,223.33	6,446.67	11,281.67	12,893.33
6	3,696.67	7,393.33	12,938.33	14,786.67
7	4,170.00	8,340.00	14,595.00	16,680.00
8	4,643.33	9,286.67	16,251.67	18,573.33
9	5,116.67	10,233.33	17,908.33	20,466.67
10	5,590.00	11,180.00	19,565.00	22,360.00
11	6,063.33	12,126.67	21,221.67	24,253.33
12	6,536.67	13,073.33	22,878.33	26,146.67

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



Please go to uhs-in.org/BCCP to find out more eligibility information.
 All diagnostics for BCCP require a Service Request approval.
 IBCAT & ND Grant services must be approved by United Health Services.
 Please email Ldietz@uhs-in.org to get the application for our region.

Patients may call 574-314-5421 / 574-314-5422 or 574-314-5432 (Spanish) to enroll if their provider is not registered.