



Myriad offers financial assistance to patients who meet specific financial and medical criteria. Due to regulatory limitations, patients who are recipients of government-funded programs (i.e., Medicaid*, Medicare, Medicare-Advantage, TriCare) are not eligible to apply. Please refer to the specific program documentation (program for Uninsured Patients or program for Underinsured Patients) for other eligibility requirements.

A separate Myriad Assistance Program Application is required. The financial criteria below are for informational purposes only. This document does not need to be included with your application submission.

2018 Financial Criteria (HHS Poverty Guidelines)

PATIENT RESPONSIBILITY AMOUNT Patients with a household income <u>up to</u> the amounts shown below who meet all other eligibility requirements will have a maximum out-of-pocket responsibility of the AMOUNT SHOWN AT THE TOP OF THE COLUMN.				
	1X Poverty: \$0	2X Poverty: \$0	3X Poverty: \$100	4X Poverty: \$295
FAMILY SIZE = 1				
48 Contiguous States and D.C.	\$12,140	\$24,280	\$36,420	\$48,560
Alaska	\$15,180	\$30,360	\$45,540	\$60,720
Hawaii	\$13,960	\$27,920	\$41,880	\$55,840
FAMILY SIZE = 2				
48 Contiguous States and D.C.	\$16,460	\$32,920	\$49,380	\$65,840
Alaska	\$20,580	\$41,160	\$61,740	\$82,320
Hawaii	\$18,930	\$37,860	\$56,790	\$75,720
FAMILY SIZE = 3				
48 Contiguous States and D.C.	\$20,780	\$41,560	\$62,340	\$83,120
Alaska	\$25,980	\$51,960	\$77,940	\$103,920
Hawaii	\$23,900	\$47,800	\$71,700	\$95,600
FAMILY SIZE = 4				
48 Contiguous States and D.C.	\$25,100	\$50,200	\$75,300	\$100,400
Alaska	\$31,380	\$62,760	\$94,140	\$125,520
Hawaii	\$28,870	\$57,740	\$88,610	\$115,480
FAMILY SIZE = 5				
48 Contiguous States and D.C.	\$29,420	\$58,840	\$88,260	\$117,680
Alaska	\$36,780	\$73,560	\$110,340	\$147,120
Hawaii	\$33,840	\$67,680	\$101,520	\$135,360

*Patients with some types of Medicaid plans, including patients with limited state-funded plans, e.g., emergency only coverage, or Medicaid in states that do not have coverage for Myriad testing, are eligible for MFAP; contact Myriad for details about your specific plan type.



FAMILY SIZE = 6				
48 Contiguous States and D.C.	\$33,740	\$67,480	\$101,220	\$134,960
Alaska	\$42,180	\$84,360	\$126,540	\$168,720
Hawaii	\$38,810	\$77,620	\$116,430	\$155,240
FAMILY SIZE = 7				
48 Contiguous States and D.C.	\$38,060	\$76,120	\$114,180	\$152,240
Alaska	\$47,580	\$95,160	\$142,740	\$190,320
Hawaii	\$43,780	\$87,560	\$131,340	\$175,120
FAMILY SIZE = 8				
48 Contiguous States and D.C.	\$42,380	\$84,760	\$127,140	\$169,520
Alaska	\$52,980	\$105,960	\$158,940	\$211,920
Hawaii	\$48,750	\$97,500	\$146,250	\$195,000
For each additional person add:				
48 Contiguous States and D.C.	\$4,320	\$8,640	\$12,960	\$17,280
Alaska	\$5,400	\$10,800	\$16,200	\$21,600
Hawaii	\$4,970	\$9,940	\$14,910	\$19,880

NOTE: The Financial Criteria above are based upon the United States Department of Health & Human Services (HHS) Poverty Guidelines, which are subject to change. Myriad reserves the right to terminate or modify its Financial Assistance Program at any time.

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