SC - BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM
BEST CHANCE NETWORK
INCOME ELIGIBILITY GUIDELINES
FOR THE PERIOD OF 06/30/26 –06/29/27

FAMILY SIZE	SCALE ≤250% PATIENT PAYS 0% Annual Income
1	$39,900 or less
2	$54,100 or less
3	$68,300 or less
4	$82,500 or less
5	$96,700 or less
6	$110,900 or less
7	$125,100 or less
8	$139,300 or less
NOTE: For families/households with more than 8 persons, add $14,200 for each additional person.	

The family size and income should be reviewed with the patient annually and documented on the BCN enrollment form.

Source: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, HHS Poverty Guidelines for 2026, Poverty Guidelines | ASPE