

## Sliding Fee Discount Scale Applicable to MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES

		Category 0	Category 1	Category 2	Category 3	Category 4
% of Federal Poverty Income Guidelines		0 - 100%	100.01% - 149.99%	150.00% - 174.99%	175.00% - 200.00%	200.01%+ Full Fee
Family Size	Income Measure	\$5	\$10	\$20	\$25	Full Fee
□ 1	Annual	□ \$0 - \$14,580	□ \$14,581 - \$21,869	□ \$21,870 - \$25,514	□ \$25,515 - \$29,160	□ \$29,161 +
□ 2	Annual	□ \$0 - \$19,720	□ \$19,721 - \$29,579	□ \$29,580 - \$34,509	□ \$34,510 - \$39,440	□ \$39,441 +
□ 3	Annual	□ \$0 - \$24,860	□ \$24,861 - \$37,289	□ \$37,290 - \$43,504	□ \$43,505 - \$49,720	□ \$49,721 +
□ 4	Annual	□ \$0 - \$30,000	□ \$30,001 - \$44,999	□ \$45,000 - \$52,499	□ \$52,500 - \$60,000	□ \$60,001 +
□ 5	Annual	□ \$0 - \$35,140	□ \$35,141 - \$52,709	□ \$52,710 - \$61,494	□ \$61,495 - \$70,280	□ \$70,281 +
□ 6	Annual	□ \$0 - \$40,280	□ \$40,281 - \$60,419	□ \$60,420 - \$70,489	□ \$70,490 - \$80,560	□ \$80,561 +
□ 7	Annual	□ \$0 - \$45,420	□ \$45,421 - \$68,129	□ \$68,130 - \$79,484	□ \$79,485 - \$90,840	□ \$90,841 +
□ 8	Annual	□ \$0 - \$50,560	□ \$50,561 - \$75,839	□ \$75,840 - \$88,479	□ \$88,480 - \$101,120	□ \$101,121 +
For families/households with more than 8 persons, add \$5,140 for each additional family member.						