

Sliding Fee Discount Scale effective Jan 1, 2024
Applicable to MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES

		Category 0	Category 1	Category 2	Category 3	Category 4
<i>% of Federal Poverty Income Guidelines</i>		<i>0 - 100%</i>	<i>100.01% - 149.99%</i>	<i>150.00% - 174.99%</i>	<i>175.00% - 200.00%</i>	<i>200.01%+ Full Fee</i>
Family Size:	Income Measure:	\$5	\$10	\$20	\$25	Full Fee
1	Annual	\$0 - \$15,060	\$15,061 - \$22,589	\$22,590 - \$26,354	\$26,355 - \$30,120	\$30,121 +
2	Annual	\$0 - \$20,440	\$20,441 - \$30,659	\$30,660 - \$35,769	\$35,770 - \$40,880	\$40,881 +
3	Annual	\$0 - \$25,820	\$25,821 - \$38,729	\$38,730 - \$45,184	\$45,185 - \$51,640	\$51,641 +
4	Annual	\$0 - \$31,200	\$31,201 - \$46,799	\$46,800 - \$54,599	\$54,600 - \$62,400	\$62,401 +
5	Annual	\$0 - \$36,580	\$36,581 - \$54,869	\$54,870 - \$64,014	\$64,015 - \$73,160	\$73,161 +
6	Annual	\$0 - \$41,960	\$41,961 - \$62,939	\$62,940 - \$73,429	\$73,430 - \$83,920	\$83,921 +
7	Annual	\$0 - \$47,340	\$47,341 - \$71,009	\$71,010 - \$82,844	\$82,845 - \$94,680	\$94,681 +
8	Annual	\$0 - \$52,720	\$52,721 - \$79,079	\$79,080 - \$92,259	\$92,260 - \$105,440	\$105,441 +

For families/households with more than 8 persons, add \$5,380 for each additional family member.