



**Federal Poverty Guidelines
Sliding Fee Discount Schedule
Effective January 2019**

Size of Family Unit	FULL SUBSIDY	PARTIAL SUBSIDY								FULL PAYMENT
	0% - 100% Level A	101% - 125% Level B		126% - 150% Level C		151% - 175% Level D		176% - 200% Level E		201% and Above 0% Discount
		From	To	From	To	From	To	From	To	Over
1	0 - \$12,490	\$12,491	\$15,613	\$15,614	\$18,735	\$18,736	\$21,858	\$21,859	\$24,980	\$24,981
2	0 - \$16,910	\$16,911	\$21,138	\$21,139	\$25,365	\$25,366	\$29,593	\$29,594	\$33,820	\$33,821
3	0 - \$21,330	\$21,331	\$26,663	\$26,664	\$31,995	\$31,996	\$37,328	\$37,329	\$42,660	\$42,661
4	0 - \$25,750	\$25,751	\$32,188	\$32,189	\$38,625	\$38,626	\$45,063	\$45,064	\$51,500	\$51,501
5	0 - \$30,170	\$30,171	\$37,713	\$37,714	\$45,255	\$45,256	\$52,798	\$52,799	\$60,340	\$60,341
6	0 - \$34,590	\$34,591	\$43,238	\$43,239	\$51,883	\$51,884	\$60,533	\$60,534	\$69,180	\$69,181
7	0 - \$39,010	\$39,011	\$48,763	\$48,764	\$58,515	\$58,516	\$68,268	\$68,269	\$78,020	\$78,021
8	0 - \$43,430	\$43,431	\$54,288	\$54,289	\$65,145	\$65,146	\$76,003	\$76,004	\$86,860	\$86,861
9	0 - \$47,850	\$47,851	\$59,813	\$59,814	\$71,775	\$71,776	\$83,738	\$83,739	\$95,700	\$95,701
10	0 - \$52,270	\$52,271	\$65,338	\$65,339	\$78,405	\$78,406	\$91,473	\$91,474	\$104,540	\$104,541
Each Addt'l member add	\$4,420	\$4,420	\$4,420	\$4,420	\$4,420	\$4,420	\$4,420	\$4,420	\$4,420	\$4,420
	\$20 Medical \$40 Dental	\$30 Medical \$50 Dental	\$40 Medical \$60 Dental	\$60 Medical \$70 Dental	\$80 Medical \$80 Dental	\$100 Medical \$100 Dental				
	\$10 Rx or \$Cost + \$4 Dispensing Fee	\$Cost + \$6 Dispensing Fee	\$Cost + \$8 Dispensing Fee	\$Cost + \$10 Dispensing Fee	\$Cost + 12 Dispensing Fee	\$Cost + \$20 - Generic \$Cost + \$25 - Brand				

1. A minimum fee of \$20 for medical/behavioral health, \$40 for dental and \$10 for Pharmacy will be assessed to all patients, including Full Subsidy qualifying patients.
2. If a patient presents with no conclusive proof on income to establish their sliding fee eligibility, the patient is placed on Full Payment (100% pay) until proof is established.
3. Certain medical and dental procedures do not qualify for sliding fee discount.
4. The minimum Pharmacy nominal fee \$10.00, with the exception of the approved \$4.00 generic medication
5. High cost prescriptions have an additional discount applied plus a pharmacy dispensing fee.
6. Please refer to the pharmacy formulary for a complete list of discounted and high cost prescriptions