



**Federal Poverty Guidelines  
Sliding Fee Discount Schedule  
Effective November 2020**

Size of Family Unit	FULL SUBSIDY	PARTIAL SUBSIDY								NO PROOF/NO INSURANCE
	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 - \$12,760	\$12,761	\$15,950	\$15,951	\$19,140	\$19,141	\$22,330	\$22,331	\$25,520	\$25,521
2	0 - \$17,240	\$17,241	\$21,550	\$21,551	\$25,860	\$25,861	\$30,170	\$30,171	\$34,480	\$34,481
3	0 - \$21,720	\$21,721	\$27,150	\$27,151	\$32,580	\$32,581	\$38,010	\$38,011	\$43,440	\$43,441
4	0 - \$26,200	\$26,201	\$32,750	\$32,751	\$39,300	\$39,301	\$45,850	\$45,851	\$52,400	\$52,401
5	0 - \$30,680	\$30,681	\$38,350	\$38,351	\$46,020	\$46,021	\$53,690	\$53,691	\$61,360	\$61,361
6	0 - \$35,160	\$35,161	\$43,950	\$43,951	\$52,740	\$52,741	\$61,530	\$61,531	\$70,320	\$70,321
7	0 - \$39,640	\$39,641	\$49,550	\$49,551	\$59,460	\$59,461	\$69,370	\$69,371	\$79,280	\$79,281
8	0 - \$44,120	\$44,121	\$55,150	\$55,151	\$66,180	\$66,181	\$77,210	\$77,211	\$88,240	\$88,241
9	0 - \$48,600	\$48,601	\$60,750	\$60,751	\$72,900	\$72,901	\$85,050	\$85,051	\$97,200	\$97,201
10	0 - \$53,080	\$53,081	\$66,350	\$66,351	\$79,620	\$79,621	\$92,890	\$92,891	\$106,160	\$106,161
Each Addt'l member add	<b>\$4,480</b>	<b>\$4,480</b>		<b>\$4,480</b>		<b>\$4,480</b>		<b>\$4,480</b>		<b>\$4,480</b>
<b>\$10 Medical \$20 Dental \$5 Rx for 30 day supply, \$7 Rx for 60 day supply, \$10 Rx for 90 day supply</b>										

1. A minimum fee of \$10 for medical/behavioral health, \$20 for dental and \$5 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 \$5, with the exception of the approved \$4 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