



**Federal Poverty Guidelines
Sliding Fee Scale
Effective August 22, 2022**

		PARTIAL SUBSIDY								NO PROOF/NO INSURANCE	
FULL SUBSIDY		101% - 125% Level B		126% - 150% Level C		151% - 175% Level D		176% - 200% Level E		201% and Above 0% Discount	
0% - 100% Level A		From	To	From	To	From	To	From	To	Over	
Size of Family Unit											
1	0 - \$13,590	\$13,590	\$16,988	\$16,989	\$20,385	\$20,386	\$23,783	\$23,784	\$27,180	\$27,181	
2	0 - \$18,310	\$18,310	\$22,888	\$22,889	\$27,465	\$27,466	\$32,043	\$32,044	\$36,620	\$36,621	
3	0 - \$23,030	\$23,030	\$28,788	\$28,789	\$34,545	\$34,546	\$40,303	\$40,304	\$46,060	\$46,061	
4	0 - \$27,750	\$27,750	\$34,688	\$34,689	\$41,625	\$41,626	\$48,563	\$48,564	\$55,500	\$55,501	
5	0 - \$32,470	\$32,470	\$40,588	\$40,589	\$48,705	\$48,706	\$56,823	\$56,824	\$64,940	\$64,941	
6	0 - \$37,190	\$37,190	\$46,488	\$46,489	\$55,785	\$55,786	\$65,083	\$65,084	\$74,380	\$74,381	
7	0 - \$41,910	\$41,910	\$52,388	\$52,389	\$62,865	\$62,866	\$73,343	\$73,344	\$83,820	\$83,821	
8	0 - \$46,630	\$46,630	\$58,288	\$58,289	\$69,945	\$69,946	\$81,603	\$81,604	\$93,260	\$93,261	
9	0 - \$51,350	\$51,350	\$64,188	\$64,189	\$77,025	\$77,026	\$89,863	\$89,864	\$102,700	\$102,701	
10	0 - \$56,070	\$56,070	\$70,088	\$70,089	\$84,105	\$84,106	\$98,123	\$98,124	\$112,140	\$112,141	
Each Addt'l member add	\$4,720	\$4,720		\$4,720		\$4,720		\$4,720		\$4,720	
	<i>\$20 Medical \$40 Dental \$10 Rx or \$Cost + \$4 Dispensing Fee</i>	<i>\$40 Medical \$50 Dental</i>		<i>\$80 Medical \$90 Dental</i>		<i>\$120 Medical \$130 Dental</i>		<i>\$160 Medical \$170 Dental</i>		<i>\$200 Medical \$210 Dental</i>	
		<i>\$Cost + \$6 Dispensing Fee</i>		<i>\$Cost + \$8 Dispensing Fee</i>		<i>\$Cost + \$10 Dispensing Fee</i>		<i>\$Cost + \$12 Dispensing Fee</i>		<i>\$Cost + \$20 Generic + \$25 Brand</i>	<i>\$Cost</i>

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 100% pay until proof is established.
3. Additional fees apply for
 - Medical: GYN surgery, and OB deliveries
 - Dental: Dentures
4. The minimum Pharmacy nominal fee \$10, 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.