



Hudson Headwaters Health Network  
Sliding Fee Discount Rate Schedule

Annual Income Ranges 2019

	up to 100%	up to 125%	up to 150%	up to 175%	up to 200%	over 200%
Family Size	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$0-12,490	\$12,491 -15,612	\$15,613-18,735	\$18,736-21,857	\$21,858-24,980	> or =\$24,981
2	\$0-16,910	\$16,911-21,137	\$21,138-25,365	\$25,366-34,842	\$34,843-33,820	> or =\$33,821
3	\$0-21,330	\$21,331-26,662	\$26,663-31,995	\$31,996-37,327	\$37,328-42,660	> or =\$42,661
4	\$0-25,750	\$25,751-32,187	\$32,188-38,625	\$38,626-45,062	\$45,063-51,500	> or =\$51,551
5	\$0-30,170	\$30,171-37,712	\$37,713-45,255	\$42,256-52,797	\$52,798-60,340	> or =\$60,341
6	\$0-34,590	\$34,591-43,237	\$43,238-51,885	\$51,886-60,532	\$60,533-69,180	> or =\$69,181
7	\$0-39,010	\$39,011-48,762	\$48,763-58,515	\$58,516-68,267	\$68,263-78,020	> or =\$78,021
8	\$0-43,430	\$43,431-54,287	\$54,288-65,145	\$65,146-76,002	\$76,003-86,860	> or =\$86,861
9	\$0-47,850	\$47,851-59,812	\$59,813-71,775	\$71,776-83,737	\$83,738-95,700	> or =\$95,701
10	\$0-52,270	\$52,271-65,337	\$65,338-78,405	\$78,406-91,472	\$91,473-104,540	> or =\$104,541
Medical	\$0	\$5	\$10	\$15	\$20	NO DISCOUNT
*Pharmacy	\$0	\$5	\$10	\$15	\$20	NO DISCOUNT
Imaging Partners	\$10	87%	78%	69%	60%	NO DISCOUNT
Dental	\$10	\$23	\$33	\$43	\$53	NO DISCOUNT

Pharmacy Discount up to \$350/prescription  
Some medical and dental services are subject to a 30 percent discount in Category F, G, H and I.

Maximum Monthly Income Ranges

Family Size	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$1,040.83	\$1,301.00	\$1,561.25	\$1,821.41	\$2,081.66	> or = \$2023.35
2	\$1,409.16	\$1,761.41	\$2,113.75	\$2,903.50	\$2,818.33	> or = \$2818.34
3	\$1,777.50	\$2,221.83	\$2,666.25	\$3,110.58	\$3,555.00	> or = \$3555.01
4	\$2,145.83	\$2,682.25	\$3,218.75	\$3,755.16	\$4,291.66	> or = \$4291.67
5	\$2,514.16	\$3,142.66	\$3,771.25	\$4,399.75	\$5,028.33	> or = \$5028.34
6	\$2,882.50	\$3,603.08	\$4,323.75	\$5,044.33	\$5,765.00	> or = \$5765.01
7	\$3,250.83	\$4,063.50	\$4,876.25	\$5,688.91	\$6,501.66	> or = \$6501.67
8	\$3,619.16	\$4,523.91	\$5,428.75	\$6,333.50	\$7,238.33	> or = \$7238.34
9	\$3,987.50	\$4,984.33	\$5,981.25	\$6,978.08	\$7,975.00	> or = \$7975.01
10	\$4,355.83	\$5,444.75	\$6,533.75	\$7,622.66	\$8,711.66	> or = \$8711.67
Medical	\$0 MINIMUM	\$5	\$10	\$15	\$20	NO DISCOUNT

If you have questions, need an application or help filling it out, contact our Sliding Fee Program staff by phone, 518-824-8640, or by email, SFPRxAssist@hhhn.org.