



Sliding Fee Discount Rate Schedule
Annual Income Ranges 2023

	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	\$0-14,580	\$14,581-18,225	\$18,226-21,870	\$21,871-25,515	\$25,516-29,160	> or = \$29,161
2	\$0-19,720	\$19,721-24,650	\$24,651-29,580	\$29,581-34,510	\$34,511-39,440	> or = \$39,441
3	\$0-24,860	\$24,861-31,075	\$31,076-37,290	\$37,291-43,505	\$43,506-49,720	> or = \$49,721
4	\$0-30,000	\$30,001-37,500	\$37,501-45,000	\$45,001-52,500	\$52,501-60,000	> or = \$60,001
5	\$0-35,140	\$35,141-43,925	\$43,926-52,710	\$52,711-61,495	\$61,496-70,280	> or = \$70,281
6	\$0-40,280	\$40,281-50,350	\$50,351-60,420	\$60,421-70,490	\$70,491-80,560	> or = \$80,561
7	\$0-45,420	\$45,421-56,775	\$56,776-68,130	\$68,131-79,485	\$79,486-90,840	> or = \$90,841
8	\$0-50,560	\$50,561-63,200	\$63,201-75,840	\$75,841-88,480	\$88,481-101,120	> or = \$101,121
9	\$0-55,700	\$55,701-69,625	\$69,626-83,550	\$83,551-97,475	\$97,476-111,400	> or = \$111,401
10	\$0-60,840	\$60,841-76,050	\$76,051-91,260	\$91,261-106,470	\$106,471-121,680	> or = \$121,681
Medical	\$0	\$5	\$10	\$15	\$20	NOT ELIGIBLE
*Pharmacy	\$0	\$5	\$10	\$15	\$20	NOT ELIGIBLE
Imaging Partners (% is patient responsibility)	\$10	13%	22%	31%	40%	NOT ELIGIBLE
Dental- Preventative	\$10	\$23	\$33	\$43	\$53	NOT ELIGIBLE
Dental- Specialty Services (% is patient responsibility)	\$10.00 plus lab fees	50%	55%	60%	65%	NOT ELIGIBLE

Pharmacy Discount up to \$350/prescription

Medical, Pharmacy & Dental (Preventative Care) fees are the patient's responsibility.

Dental (Specialty Care) & Radiology is the percent of charges the patient owes.

Maximum Monthly Income Ranges						
Family Size	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$1,215.00	\$1,519.00	\$1,823.00	\$2,126.00	\$2,430.00	> or = \$2,430.01
2	\$1,643.00	\$2,054.00	\$2,465.00	\$2,876.00	\$3,287.00	> or = \$3,287.01
3	\$2,072.00	\$2,590.00	\$3,108.00	\$3,625.00	\$4,143.00	> or = \$4,143.01
4	\$2,500.00	\$3,125.00	\$3,750.00	\$4,375.00	\$5,000.00	> or = \$5,000.01
5	\$2,928.00	\$3,660.00	\$4,393.00	\$5,125.00	\$5,857.00	> or = \$5,857.01
6	\$3,357.00	\$4,196.00	\$5,035.00	\$5,874.00	\$6,713.00	> or = \$6,713.01
7	\$3,785.00	\$4,731.00	\$5,678.00	\$6,624.00	\$7,570.00	> or = \$7,570.01
8	\$4,213.00	\$5,267.00	\$6,320.00	\$7,373.00	\$8,427.00	> or = \$8,427.01
9	\$4,642.00	\$5,802.00	\$6,963.00	\$8,123.00	\$9,283.00	> or = \$9,283.01
10	\$5,070.00	\$6,338.00	\$7,605.00	\$8,873.00	\$10,140.00	> or = \$10,140.01
Medical	\$0	\$5	\$10	\$15	\$20	NOT ELIGIBLE
*Pharmacy	\$0	\$5	\$10	\$15	\$20	NOT ELIGIBLE
Imaging Partners (% is patient responsibility)	\$10	13%	22%	31%	40%	NOT ELIGIBLE
Dental- Preventative	\$10	\$23	\$33	\$43	\$53	NOT ELIGIBLE
Dental- Specialty Services (% is patient responsibility)	\$10.00 plus lab fees	50%	55%	60%	65%	NOT ELIGIBLE

Pharmacy Discount up to \$350/prescription

Medical, Pharmacy & Dental (Preventative Care) fees are the patient's responsibility.

Dental (Specialty Care) & Radiology is the percent of charges the patient owes.