



Sliding Fee Discount Rate Schedule
Annual Income Ranges 2024

	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	\$0-15,060	\$15,061-18,825	\$18,826-22,590	\$22,591-26,355	\$26,356-30,120	> or = \$30,121
2	\$0-20,440	\$20,441-25,550	\$25,551-30,660	\$30,661-35,770	\$35,771-40,880	> or = \$40,881
3	\$0-25,820	\$25,821-32,275	\$32,276-38,730	\$38,731-45,185	\$45,186-51,640	> or = \$51,641
4	\$0-31,200	\$31,201-39,000	\$39,001-46,800	\$46,801-54,600	\$54,601-62,400	> or = \$62,401
5	\$0-36,580	\$36,581-45,725	\$45,726-54,870	\$54,871-64,015	\$64,016-73,160	> or = \$73,161
6	\$0-41,960	\$41,961-52,450	\$52,451-62,940	\$62,941-73,430	\$73,431-83,920	> or = \$83,921
7	\$0-47,340	\$47,341-59,175	\$59,176-71,010	\$71,011-82,845	\$82,846-94,680	> or = \$94,681
8	\$0-52,720	\$52,721-65,900	\$65,901-79,080	\$79,081-92,260	\$92,261-105,440	> or = \$105,441
9	\$0-58,100	\$58,101-72,625	\$72,626-87,150	\$87,151-101,675	\$101,676-116,200	> or = \$116,201
10	\$0-63,480	\$63,481-79,350	\$79,351-95,220	\$95,221-111,090	\$111,091-126,960	> or = \$126,961
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.

Maximum Monthly Income Ranges						
Family Size	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$1,255.00	\$1,568.75	\$1,882.50	\$2,196.25	\$2,510.00	> or = \$2,510.01
2	\$1,703.33	\$2,129.17	\$2,555.00	\$2,980.83	\$3,406.67	> or = \$3,406.68
3	\$2,151.67	\$2,689.58	\$3,227.50	\$3,765.42	\$4,303.33	> or = \$4,303.34
4	\$2,600.00	\$3,250.00	\$3,900.00	\$4,550.00	\$5,200.00	> or = \$5,200.01
5	\$3,048.33	\$3,810.42	\$4,572.50	\$5,334.58	\$6,096.67	> or = \$6,096.68
6	\$3,496.67	\$4,370.83	\$5,245.00	\$6,119.17	\$6,993.33	> or = \$6,993.34
7	\$3,945.00	\$4,931.25	\$5,917.50	\$6,903.75	\$7,890.00	> or = \$7,890.01
8	\$4,393.33	\$5,491.67	\$6,590.00	\$7,688.33	\$8,786.67	> or = \$8,786.68
9	\$4,841.67	\$6,052.08	\$7,262.50	\$8,472.92	\$9,683.33	> or = \$9,683.34
10	\$5,290.00	\$6,612.50	\$7,935.00	\$9,257.50	\$10,580.00	> or = \$10,580.01
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.