



Sliding Fee Discount Rate Schedule

Annual Income Ranges 2025						
	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	\$0-15,650	\$15,651-19,562.50	\$19,562.51-23,475	\$23,476-27,387.50	\$27,387.51-31,300	> or = \$31,301
2	\$0-21,150	\$21,151-26,437.50	\$26,437.51-31,725	\$31,726-37,012.50	\$37,012.51-42,300	> or = \$42,301
3	\$0-26,650	\$26,651-33,312.50	\$33,312.51-39,975	\$39,976-46,637.50	\$46,637.51-53,300	> or = \$53,301
4	\$0-32,150	\$32,151-40,187.50	\$40,187.51-48,225	\$48,226-56,262.50	\$56,262.51-64,300	> or = \$64,301
5	\$0-37,650	\$37,651-47,062.50	\$47,062.51-56,475	\$56,476-65,887.50	\$65,887.51-75,300	> or = \$75,301
6	\$0-43,150	\$43,151-59,937.50	\$59,937.51-64,725	\$64,726-75,512.50	\$75,512.51-86,300	> or = \$86,301
7	\$0-48,650	\$48,651-60,812.50	\$60,812.51-72,975	\$72,976-85,137.50	\$85,137.51-97,300	> or = \$97,301
8	\$0-54,150	\$54,151-67,687.50	\$67,687.51-81,225	\$81,226-94,762.50	\$94,762.51-108,300	> or = \$108,301
9	\$0-59,650	\$59,651-74,562.50	\$74,562.51-89,475	\$89,476-104,387.50	\$104,387.51-119,300	> or = \$119,301
10	\$0-65,150	\$65,151-81,437.50	\$81,437.51-97,725	\$97,726-114,012.50	\$114,012.51-130,300	> or = \$130,301
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 <i>plus lab fees</i>	50%	55%	60%	65%	NOT ELIGIBLE

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	\$1,304.17	\$1,630.21	\$1,956.25	\$2,282.29	\$2,608.33	> or = \$2,608.34
2	\$1,762.50	\$2,203.13	\$2,643.75	\$3,084.38	\$3,525.00	> or = \$3,525.01
3	\$2,220.83	\$2,776.04	\$3,331.25	\$3,886.46	\$4,441.67	> or = \$4,441.68
4	\$2,679.17	\$3,348.96	\$4,018.75	\$4,688.54	\$5,358.33	> or = \$5,358.34
5	\$3,137.50	\$3,921.88	\$4,706.25	\$5,490.63	\$6,275.00	> or = \$6,275.01
6	\$3,595.83	\$4,494.79	\$5,393.75	\$6,292.71	\$7,191.67	> or = \$7,191.68
7	\$4,054.17	\$5,067.71	\$6,081.25	\$7,094.79	\$8,108.33	> or = \$8,108.34
8	\$4,512.50	\$5,640.63	\$6,768.75	\$7,896.88	\$9,025.00	> or = \$9,025.01
9	\$4,970.83	\$6,213.54	\$7,456.25	\$8,698.96	\$9,941.67	> or = \$9,941.68
10	\$5,429.17	\$6,786.46	\$8,143.75	\$9,501.04	\$10,858.33	> or = \$10,858.34
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 <i>plus lab fees</i>	50%	55%	60%	65%	NOT ELIGIBLE

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