



Sliding Fee Discount Rate Schedule
Annual Income Ranges 2026

Family Size	up to 100%	up to 125%	up to 150%	up to 175%	up to 200%	over 200%
	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$0-15,960	\$15,961-19,950	\$19,951-23,940	\$23,941-27,930	\$27,931-31,920	> or = \$31,921
2	\$0-21,640	\$21,641-27,050	\$27,051-32,460	\$32,461-37,870	\$37,871-43,280	> or = \$43,281
3	\$0-27,320	\$27,321-34,150	\$34,151-40,980	\$40,981-47,810	\$47,811-54,640	> or = \$54,641
4	\$0-33,000	\$33,001-41,250	\$41,251-49,500	\$49,501-57,750	\$57,751-66,000	> or = \$66,001
5	\$0-38,680	\$38,681-48,350	\$48,351-58,020	\$58,021-67,690	\$67,691-77,360	> or = \$77,361
6	\$0-44,360	\$44,361-55,450	\$55,451-66,540	\$66,541-77,630	\$77,631-88,720	> or = \$87,721
7	\$0-50,040	\$50,041-62,550	\$62,551-75,060	\$75,061-87,570	\$87,571-100,080	> or = \$100,081
8	\$0-55,720	\$55,721-69,650	\$69,651-83,580	\$83,581-97,510	\$97,511-111,440	> or = \$111,441
9	\$0-61,400	\$61,401-76,750	\$76,751-92,100	\$92,101-107,450	\$107,451-122,800	> or = \$122,801
10	\$0-67,080	\$67,081-83,850	\$83,851-100,620	\$100,621-117,390	\$117,391-134,160	> or = \$134,161
Medical	\$0	\$5	\$10	\$15	\$20	NOT ELIGIBLE
*Pharmacy (i.e epinephrine, insulin)	\$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	50%	55%	60%	65%	NOT ELIGIBLE

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	\$1,330.00	\$1,662.50	\$1,995.00	\$2,327.50	\$2,660.00	> or = \$2,660.01
2	\$1,803.33	\$2,254.17	\$2,705.00	\$3,155.83	\$3,606.67	> or = \$3,606.68
3	\$2,276.67	\$2,845.83	\$3,415.00	\$3,984.17	\$4,553.33	> or = \$4,553.34
4	\$2,750.00	\$3,437.50	\$4,125.00	\$4,812.50	\$5,500.00	> or = \$5,500.01
5	\$3,223.33	\$4,029.17	\$4,835.00	\$5,640.83	\$6,446.67	> or = \$6,446.68
6	\$3,696.67	\$4,620.83	\$5,545.00	\$6,469.17	\$7,393.33	> or = \$7,393.34
7	\$4,170.00	\$5,212.50	\$6,255.00	\$7,297.50	\$8,340.00	> or = \$8,340.01
8	\$4,643.33	\$5,804.17	\$6,965.00	\$8,125.83	\$9,286.67	> or = \$9,286.68
9	\$5,116.67	\$6,395.83	\$7,675.00	\$8,954.17	\$10,233.33	> or = \$10,233.34
10	\$5,590.00	\$6,987.50	\$8,385.00	\$9,782.50	\$11,180.00	> or = \$11,180.01
Medical	\$0	\$5	\$10	\$15	\$20	NOT ELIGIBLE
*Pharmacy (i.e epinephrine, insulin)	\$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	50%	55%	60%	65%	NOT ELIGIBLE

Medical, Pharmacy & Dental (Preventative Care) fees are the patient's responsibility.
Dental (Specialty Care) & Radiology is the percent of charges the patient owes.