



**Federal Poverty Guidelines  
Sliding Fee Scale  
Effective March 2017**

| Size of Family Unit   | FULL SUBSIDY                                    | PARTIAL SUBSIDY                                 |   |   |   | FULL PAYMENT                                     |
|-----------------------|---|---|---|---|---|--|
|                       | 100%<br>100% Discount<br>Nominal Fee            | 101% - 125%<br>80% Discount<br>20% Pay          | 126% - 150%<br>60% Discount<br>40% Pay          | 151% - 175%<br>40% Discount<br>60% Pay          | 176% - 200%<br>20% Discount<br>80% Pay          | 201%<br>0% Discount<br>100% Pay                  |
| 1                     | 0 - \$12,060                                    | \$12,061 - \$15,075                             | \$15,076 - \$18,090                             | \$18,091 - \$21,105                             | \$21,106 - \$24,120                             | Over \$24,121                                    |
| 2                     | 0 - \$16,240                                    | \$16,241 - \$20,300                             | \$20,301 - \$24,360                             | \$24,361 - \$28,420                             | \$28,421 - \$32,480                             | Over \$32,481                                    |
| 3                     | 0 - \$20,420                                    | \$20,421 - \$25,525                             | \$25,526 - \$30,630                             | \$30,631 - \$35,735                             | \$35,736 - \$40,840                             | Over \$40,841                                    |
| 4                     | 0 - \$24,600                                    | \$24,601 - \$30,750                             | \$30,751 - \$36,900                             | \$36,901 - \$43,050                             | \$43,051 - \$49,200                             | Over \$49,201                                    |
| 5                     | 0 - \$28,780                                    | \$28,781 - \$35,975                             | \$35,976 - \$43,170                             | \$43,171 - \$50,365                             | \$50,366 - \$57,560                             | Over \$57,561                                    |
| 6                     | 0 - \$32,960                                    | \$32,961 - \$41,200                             | \$41,201 - \$49,440                             | \$49,441 - \$57,680                             | \$57,681 - \$65,920                             | Over \$65,921                                    |
| 7                     | 0 - \$37,140                                    | \$37,141 - \$46,425                             | \$46,426 - \$55,710                             | \$55,711 - \$64,995                             | \$64,996 - \$74,280                             | Over \$74,281                                    |
| 8                     | 0 - \$41,320                                    | \$41,321 - \$51,650                             | \$51,651 - \$61,980                             | \$61,981 - \$72,310                             | \$72,311 - \$82,640                             | Over \$82,641                                    |
| 9                     | 0 - \$45,500                                    | \$45,501 - \$56,875                             | \$56,876 - \$68,250                             | \$68,251 - \$79,625                             | \$79,626 - \$91,000                             | Over \$91,001                                    |
| 10                    | 0 - \$49,680                                    | \$49,681 - \$62,100                             | \$62,101 - \$74,520                             | \$74,521 - \$86,940                             | \$86,941 - \$99,360                             | Over \$99,361                                    |
| Each Add'l member add | \$4,180   | \$5,225   | \$6,270   | \$7,315   | \$8,360   | \$8,361  |
|                       | <i>\$20 med/\$40 dental<br/>\$0 Bal. Billed</i> | <i>\$20 med/\$40 dental<br/>20% Bal. Billed</i> | <i>\$20 med/\$40 dental<br/>40% Bal. Billed</i> | <i>\$20 med/\$40 dental<br/>60% Bal. Billed</i> | <i>\$20 med/\$40 dental<br/>80% Bal. Billed</i> | <i>\$50 med/\$75 dental<br/>100% Bal. Billed</i> |

1. A nominal fee of \$20 for medical and \$40 for dental will be assessed to all patients including 0% patients.
2. If a patient presents with no conclusive proof of income to establish their sliding fee scale eligibility, place the patient on 100% pay until proof is established.
3. Certain dental & medical procedures do not qualify for sliding fee discount.