



**Federal Poverty Guidelines  
Sliding Fee Discount Schedule  
Effective November 2018**

Size of Family Unit	FULL SUBSIDY	PARTIAL SUBSIDY								FULL PAYMENT
	0% - 100% Level A	101% - 125% Level B		126% - 150% Level C		151% - 175% Level D		176% - 200% Level E		201% and Above 0% Discount
		From	To	From	To	From	To	From	To	Over
1	0 - \$12,140	\$12,141	\$15,175	\$15,176	\$18,212	\$18,213	\$21,247	\$21,248	\$24,282	\$24,283
2	0 - \$16,460	\$16,461	\$20,575	\$20,576	\$24,692	\$24,693	\$28,807	\$28,808	\$32,922	\$32,923
3	0 - \$20,780	\$20,781	\$25,975	\$25,976	\$31,172	\$31,173	\$36,367	\$36,368	\$41,562	\$41,563
4	0 - \$25,100	\$25,101	\$31,375	\$31,376	\$37,652	\$37,653	\$43,927	\$43,928	\$50,202	\$50,203
5	0 - \$29,420	\$29,421	\$36,775	\$36,776	\$44,132	\$44,133	\$51,487	\$51,488	\$58,842	\$58,843
6	0 - \$33,740	\$33,741	\$42,175	\$42,176	\$50,612	\$50,613	\$59,047	\$59,048	\$67,482	\$67,483
7	0 - \$38,060	\$38,060	\$47,574	\$47,575	\$57,090	\$57,091	\$66,605	\$66,606	\$76,120	\$76,121
8	0 - \$42,380	\$42,381	\$52,975	\$52,976	\$63,572	\$63,573	\$74,167	\$74,168	\$84,762	\$84,763
9	0 - \$46,700	\$46,701	\$58,375	\$58,376	\$70,052	\$70,053	\$81,727	\$81,728	\$93,402	\$93,403
10	0 - \$51,020	\$51,021	\$63,775	\$63,776	\$76,532	\$76,533	\$89,287	\$89,288	\$102,042	\$102,043
Each Addt'l member add	\$4,320	\$5,400		\$6,480		\$7,560		\$8,640		\$8,640
	<b>\$20 Medical \$40 Dental</b>	<b>\$30 Medical \$50 Dental</b>		<b>\$40 Medical \$60 Dental</b>		<b>\$60 Medical \$70 Dental</b>		<b>\$80 Medical \$80 Dental</b>		<b>\$100 Medical \$100 Dental</b>
	<b>\$10 Rx or \$Cost + \$4 Dispensing Fee</b>	<b>\$Cost + \$6 Dispensing Fee</b>		<b>\$Cost + \$8 Dispensing Fee</b>		<b>\$Cost + \$10 Dispensing Fee</b>		<b>\$Cost + 12 Dispensing Fee</b>		<b>\$Cost + \$20 - Generic \$Cost + \$25 - Brand</b>

1. A minimum fee of \$20 for medical/behavioral health, \$40 for dental and \$10 for Pharmacy will be assessed to all patients, including Full Subsidy qualifying patients.
2. If a patient presents with no conclusive proof on income to establish their sliding fee eligibility, the patient is placed on Full Payment (100% pay) until proof is established.
3. Certain medical and dental procedures do not qualify for sliding fee discount.
4. The minimum Pharmacy nominal fee \$10.00, with the exception of the approved \$4.00 generic medication
5. High cost prescriptions have an additional discount applied plus a pharmacy dispensing fee.
6. Please refer to the pharmacy formulary for a complete list of discounted and high cost prescriptions