



## Sliding Fee Discount Schedule 2026 Health & Human Services Poverty Guidelines

| % of Federal Poverty Income Guidelines | 0-100% FPL                   | 100.01-125% FPL              | 125.01-150% FPL              | 150.01-200% FPL              | Over 200% FPL        |
|--|------------------------------|------------------------------|------------------------------|------------------------------|----------------------|
| <b>Family Size</b>                     | <b>Maximum Annual Income</b> | <b>Maximum Annual Income</b> | <b>Maximum Annual Income</b> | <b>Maximum Annual Income</b> | <b>Annual Income</b> |
| <b>1</b>                               | \$15,960                     | \$19,950                     | \$23,940                     | \$31,920                     | \$31,921             |
| <b>2</b>                               | \$21,640                     | \$27,050                     | \$32,460                     | \$43,280                     | \$43,281             |
| <b>3</b>                               | \$27,320                     | \$34,150                     | \$40,980                     | \$54,640                     | \$54,641             |
| <b>4</b>                               | \$33,000                     | \$41,250                     | \$49,500                     | \$66,000                     | \$66,001             |
| <b>5</b>                               | \$38,680                     | \$48,350                     | \$58,020                     | \$77,360                     | \$77,361             |
| <b>6</b>                               | \$44,360                     | \$55,450                     | \$66,540                     | \$88,720                     | \$88,721             |
| <b>7</b>                               | \$50,040                     | \$62,550                     | \$75,060                     | \$100,080                    | \$100,081            |
| <b>8</b>                               | \$55,720                     | \$69,650                     | \$83,580                     | \$111,440                    | \$111,441            |
| <b>Each additional family member</b>   | \$5,680                      | \$7,100                      | \$8,520                      | \$11,360                     | \$11,360             |

  

| Slide    | Federal Poverty Level | Medical/Psychiatry Discounted Fee | Dental Discounted Fee       | Behavioral Health Discounted Fee |
|----------|-----------------------|-----------------------------------|-----------------------------|----------------------------------|
| <b>A</b> | 0 – 100%              | \$40                              | \$55                        | \$15                             |
| <b>B</b> | >100.01 – 125%        | \$50                              | \$75                        | \$20                             |
| <b>C</b> | 125.01 – 150%         | \$60                              | \$85                        | \$25                             |
| <b>D</b> | 150.01 – 200%         | \$70                              | \$95                        | \$30                             |
| <b>E</b> | Over 200%             | <b>Patient pays in full</b>       | <b>Patient pays in full</b> | <b>Patient pays in full</b>      |

  

| Radiology            | A     | B     | C     | D     | E                    |
|----------------------|-------|-------|-------|-------|----------------------|
| Screening Mammogram  | \$90  | \$95  | \$100 | \$105 | Patient pays in full |
| Diagnostic Mammogram | \$105 | \$110 | \$115 | \$120 | Patient pays in full |
| Ultrasounds          | \$90  | \$95  | \$100 | \$105 | Patient pays in full |

**Slide E Patients for Medical, Dental and Psychiatry Services:** Office Visit \$130 due at DOS and remainder will be billed based on agency financial policies and procedures.

**Slide E Patients for Behavioral Services:** Office Visit \$75 due at DOS and remainder will be billed based on agency financial policies and procedures.

**Slide E Patients Radiology Services:** Imaging Procedure \$150 due at DOS and remainder will be billed based on agency financial policies and procedures.

### Quality Healthcare for All