



# 2021 Sliding-Fee Discount Program Guidelines

| FAMILY SIZE | ANNUAL HOUSEHOLD INCOME |                     |                     |                     |                  |
|-------------|-------------------------|---------------------|---------------------|---------------------|------------------|
|             | A                       | B                   | C                   | D                   | E                |
| 1           | \$0 - \$12,880          | \$12,881 - \$17,130 | \$17,131 - \$21,381 | \$21,382 - \$25,760 | \$25,761 or more |
| 2           | \$0 - \$17,420          | \$17,421 - \$23,169 | \$23,170 - \$28,917 | \$28,918 - \$34,840 | \$34,841 or more |
| 3           | \$0 - \$21,960          | \$21,961 - \$29,207 | \$29,208 - \$36,454 | \$36,455 - \$43,920 | \$43,921 or more |
| 4           | \$0 - \$26,500          | \$26,501 - \$35,245 | \$35,246 - \$43,990 | \$43,991 - \$53,000 | \$53,001 or more |
| 5           | \$0 - \$31,040          | \$31,041 - \$41,283 | \$41,284 - \$51,256 | \$51,257 - \$62,080 | \$62,081 or more |
| 6           | \$0 - \$35,580          | \$35,581 - \$47,321 | \$47,322 - \$59,063 | \$59,064 - \$71,160 | \$71,161 or more |
| 7           | \$0 - \$40,120          | \$40,121 - \$53,360 | \$53,361 - \$66,599 | \$66,600 - \$80,240 | \$80,241 or more |
| 8*          | \$0 - \$44,660          | \$44,661 - \$59,398 | \$59,399 - \$74,136 | \$74,137 - \$89,320 | \$89,321 or more |

\*For family units with more than eight members, add the following for each additional member:

| A       | B       | C       | D       | E       |
|---------|---------|---------|---------|---------|
| \$4,540 | \$6,038 | \$7,536 | \$9,080 | \$9,081 |

| SERVICE            | PATIENT FEE |      |      |       |             |
|--------------------|-------------|------|------|-------|-------------|
|                    | A           | B    | C    | D     | E           |
| Medical/Behavioral | \$15        | \$25 | \$50 | \$75  | Full charge |
| Pharmacy           | \$5         | \$10 | \$15 | \$20  | Full charge |
| Dental             | \$35        | \$50 | \$80 | \$115 | Full charge |

*Family size includes anyone living together that is related by birth, marriage or adoption.*

Effective 1/25/21 and based on HHS 2021 Federal Poverty Guidelines. Updated 1/21/21.