## 2024 Sliding Fee Scale

		Α	В	С	D	E
	Discount	100%	75%	50%	25%	0%
	DENTAL Nominal Charge	\$35.00	No less than \$40.00	No Less than \$45.00	No less than \$50.00	\$55 Full Charge
	MEDICAL Nominal Charge	\$25.00	No less than \$30.00	No Less than \$35.00	No less than \$40.00	\$45 Full Charge
	BEHAVIORAL HEALTH Nominal Charge	\$10.00	No less than \$15.00	No Less than \$20.00	No less than \$25.00	\$30 Full Charge
	Develope of Fodoral Develop Locale	0 1000/ FDI	1000/ 1500/ FDI	1500/ 1750/ FDI	1 >1750/ 2000/ FDI	2009/ FDI
	Percentage of Federal Poverty Levels	0 - 100% FPL	>100% - 150% FPL	>150% - 175% FPL	>175% - 200% FPL	>200% FPL
	Annual	0 - 15,060	15,061 - 22,589	22,590 - 26,354	26,355 - 30,119	> 30,120
1	Monthly	0 - 1,255	1,256 - 1,882	1,883 - 2,195	2,196 - 2,509	> 2,510
	Annual	0 - 20,440	20,441 - 30,659	30,660 - 35,769	35,770 - 40,879	> 40,880
2	Monthly	0 - 1,703	1,704 - 2,554	2,555 - 2,980	2,981 - 3,406	> 3,407
	<u>,                                      </u>					
3	Annual Monthly	0 - 25,820 0 - 2,152	25,821 - 38,729 2,153 - 3,227	38,730 - 45,184 3,228 - 3,764	45,185 - 51,639 3,765 - 4,302	> 51,640 > 4,303
	Worthly	0 - 2,132	2,133 - 3,227	3,228 - 3,704	3,703 - 4,302	× 4,303
	Annual	0 - 31,200	31,201 - 46,799	46,800 - 54,599	54,600 - 62,399	> 62,400
4	Monthly	0 - 2,600	2,601 - 3,899	3,900 - 4,549	4,550 - 5,199	> 5,200
	Annual	0 - 36,580	36,581 - 54,869	54,870 - 64,014	64,015 - 73,159	> 73,160
5	Monthly	0 - 3,048	3,049 - 4,572	4,573 - 5,334	5,335 - 6,096	> 6,097
	Annual	0 - 41,960	41,961 - 62,939	62,940 - 73,429	73,430 - 83,919	> 83,920
6	Monthly	0 - 41,960 0 - 3,497	3,498 - 5,244	62,940 - 73,429 5,245 - 6,118	73,430 - 83,919 6,119 - 6,992	> 6,993
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7	Annual	0 - 47,340	47,341 - 71,009	71,010 - 82,844	82,845 - 94,679	> 94,680
	Monthly	0 - 3,945	3,946 - 5,917	5,918 - 6,903	6,904 - 7,889	> 7,890
	Annual	0 - 52,720	52,721 - 79,079	79,080 - 92,259	92,260 - 105,439	> 105,440
8	Monthly	0 - 4,393	4,394 - 6,589	6,590 - 7,687	7,688 - 8,786	> 8,787

Efft: 2/1/24

For family units with more than 8 members, add \$5380 Annually for each additional member.