

2025 Sliding Fee Scale

Eff: 2/1/25

Discount	A 100%	B 75%	C 50%	D 25%	E 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

Percentage of Federal Poverty Levels	0 - 100% FPL	>100% - 150% FPL	>150% - 175% FPL	>175% - 200% FPL	>200% FPL
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1	Annual	0 - 15,650	15,651 - 23,474	23,475 - 27,387	27,388 - 31,299	> 31,300
	Monthly	0 - 1,304	1,305 - 1,955	1,956 - 2,281	2,282 - 2,607	> 2,608

2	Annual	0 - 21,150	21,151 - 31,724	31,725 - 37,012	37,013 - 42,299	> 42,300
	Monthly	0 - 1,763	1,764 - 2,643	2,644 - 3,083	3,084 - 3,524	> 3,525

3	Annual	0 - 26,650	26,651 - 39,974	39,975 - 46,637	46,638 - 53,299	> 53,300
	Monthly	0 - 2,221	2,222 - 3,330	3,331 - 3,886	3,887 - 4,441	> 4,442

4	Annual	0 - 32,150	32,151 - 48,224	48,225 - 56,262	56,263 - 64,299	> 64,300
	Monthly	0 - 2,679	2,680 - 4,018	4,019 - 4,688	4,689 - 5,357	> 5,358

5	Annual	0 - 37,650	37,651 - 56,474	56,475 - 65,887	65,888 - 75,299	> 75,300
	Monthly	0 - 3,138	3,139 - 4,705	4,706 - 5,490	5,491 - 6,274	> 6,275

6	Annual	0 - 43,150	43,151 - 64,724	64,725 - 75,512	75,513 - 86,299	> 86,300
	Monthly	0 - 3,596	3,597 - 5,393	5,394 - 6,292	6,293 - 7,191	> 7,192

7	Annual	0 - 48,650	48,651 - 72,974	72,975 - 85,137	85,138 - 97,299	> 97,300
	Monthly	0 - 4,054	4,055 - 6,080	6,081 - 7,094	7,095 - 8,107	> 8,108

8	Annual	0 - 54,150	54,151 - 81,224	81,225 - 94,762	94,763 - 108,299	> 108,300
	Monthly	0 - 4,513	4,514 - 6,768	6,769 - 7,896	7,897 - 9,024	> 9,025

For family units with more than 8 members, add \$5,500 Annually for each additional member.