



2025 Medical / Behavioral Health Sliding Fee Program – Schedule of Discounts

Family Size	Annual Household Income				
	100% FPG	101% to 133% FPG	134% to 166% FPG	167% to 200% FPG	Above 200% FPG
1	\$0 to 15,650	\$15,651 to 20,815	\$20,816 to 25,979	\$25,980 to 31,300	\$31,301
2	0 to 21,150	21,151 to 28,130	28,131 to 35,109	35,110 to 42,300	42,301
3	0 to 26,650	26,651 to 35,445	35,446 to 44,239	44,240 to 53,300	53,301
4	0 to 32,150	32,151 to 42,760	42,761 to 53,369	53,370 to 64,300	64,301
5	0 to 37,650	37,651 to 50,075	50,076 to 62,499	62,500 to 75,300	75,301
6	0 to 43,150	43,151 to 57,390	57,391 to 71,629	71,630 to 86,300	86,301
7	0 to 48,650	48,651 to 64,705	64,706 to 80,759	80,760 to 97,300	97,301
8	0 to 54,150	54,151 to 72,020	72,021 to 89,889	89,890 to 108,300	108,301
9	0 to 59,650	59,651 to 79,335	79,336 to 99,019	90,020 to 119,300	119,301
10	0 to 65,150	65,151 to 86,650	86,651 to 108,149	108,150 to 130,300	130,301
Payment	A \$10 (Nominal Charge)	B \$30	C \$40	D \$50	E 100% Pay No Discount

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1. All patients, regardless of income, are subject to the nominal charge.
2. Denial of services is not based solely on inability to pay.
3. Family units with more than 10 members, add \$5,500 for each additional member.
4. Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.

To qualify for the Sliding Fee Program, a Sliding Fee Application must be completed with proof of income and a photo ID.