



# SLIDE FEE SCALE

Annual Household Income per Federal Poverty Level Guidelines						
Family Size	A 0-100%	B 120%	C 140%	D 160%	E 180%	F 200%
1	\$15,060	\$18,072	\$21,084	\$24,096	\$27,108	\$30,120
2	\$20,440	\$24,528	\$28,616	\$32,704	\$36,792	\$40,880
3	\$25,820	\$30,984	\$36,148	\$41,312	\$46,476	\$51,640
4	\$31,200	\$37,440	\$43,680	\$49,920	\$56,160	\$62,400
5	\$36,580	\$43,896	\$51,212	\$58,528	\$65,844	\$73,160
6	\$41,960	\$50,352	\$58,744	\$67,136	\$75,528	\$83,920
7	\$47,340	\$56,808	\$66,276	\$75,744	\$85,212	\$94,680
8	\$52,720	\$63,264	\$73,808	\$84,352	\$94,896	\$105,440
For each additional person over 8, add:	\$5,380	\$5,380	\$5,380	\$5,380	\$5,380	\$5,380

Nominal Fee	A	B	C	D	E	F
Medical/Behavioral Health	\$20	\$30	\$40	\$50	\$60	\$70
Dental	\$40	\$50	\$60	\$70	\$80	\$90

1/18/2024