

Sliding Fee Schedule by 2019 Poverty Levels						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Charge						
Family Size	Nominal Fee (\$5)	20% copay/ coinsurance	40% copay/ coinsurance	60% copay/ coinsurance	80% copay/ coinsurance	100% copay/ coinsurance
1	0-\$12,490	\$12,490 -\$15,612	\$15,163-\$18,735	\$18,736-\$21,857	\$21,858-\$24,980	\$24,981+
2	0-\$16,910	\$16,910-\$21,137	\$21,138-\$25,365	\$25,366-\$29,592	\$29,593-\$33,820	\$33,821+
3	0-\$21,330	\$21,330-\$26,662	\$26,663-\$31,995	\$31,996-\$37,327	\$37,328-\$42,660	\$40,661+
4	0-\$25,750	\$25,750-\$32,187	\$32,188-\$38,625	\$38,626-\$45,062	\$45,063-\$51,500	\$51,501+
5	0-\$30,170	\$30,170-\$37,712	\$37,713-\$45,255	\$45,256-\$52,797	\$52,798-\$60,340	\$60,341+
6	0-\$34,590	\$34,590-\$43,237	\$43,238-\$51,885	\$51,886-\$60,532	\$60,533-\$69,180	\$69,181+
7	0-\$39,010	\$39,010-\$48,762	\$48,763-\$58,515	\$58,516-\$68,267	\$68,268-\$78,020	\$78,021+
8	0-\$43,430	\$43,430-\$54,287	\$54,288-\$65,145	\$65,146-\$76,002	\$76,003-\$86,860	\$86,861+
For each additional person, add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840