

Family Health Center

2021 Sliding Fee Discount

Annual Income Ranges for Federal Poverty Level (FPL) Calculation

<u>Household Size</u>	<u>100% and below FPL</u>	<u>101-125% FPL</u>	<u>126-150% FPL</u>	<u>151-175% FPL</u>	<u>176-200% FPL</u>	<u>201% FPL and above</u>
1	0 - \$12,880	\$12,881 - \$16,100	\$16,101 - \$19,320	\$19,321 - \$22,540	\$22,541 - \$25,760	\$25,761 and above
2	0 - \$17,420	\$17,421 - \$21,775	\$21,776 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	\$34,841 and above
3	0 - \$21,960	\$21,961 - \$27,450	\$27,451 - \$32,940	\$32,941 - \$38,430	\$38,431 - \$43,920	\$43,921 and above
4	0 - \$26,500	\$26,501 - \$33,125	\$33,126 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	\$53,001 and above
5	0 - \$31,040	\$31,041 - \$38,800	\$38,801 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	\$62,081 and above
6	0 - \$35,580	\$35,581 - \$44,475	\$44,476 - \$53,370	\$53,371 - \$62,265	\$62,266 - \$71,160	\$71,161 and above
7	0 - \$40,120	\$40,121 - \$50,150	\$50,151 - \$60,180	\$60,181 - \$70,210	\$70,211 - \$80,240	\$80,241 and above
8	0 - \$44,660	\$44,661 - \$55,825	\$55,826 - \$66,990	\$66,991 - \$78,155	\$78,156 - \$89,320	\$89,321 and above
More than 8	Add \$4,540 for each additional person					
	100% discount applied to all charges, however a NOMINAL FEE is requested - \$20 Medical \$15 Dental \$20 Behavioral Health	\$30 Medical \$15 Dental \$25 Behavioral Health	\$40 Medical \$15 Dental \$30 Behavioral Health	\$50 Medical \$15 Dental \$35 Behavioral Health	\$60 Medical \$15 Dental \$40 Behavioral Health	NO discount applied