

## PATIENT SLIDING FEE SCALE | Non-Ryan White (Based on Federal Register 2020- Poverty Income Guidelines)

Family Size	Income	Category 0 <i>Nominal Fee</i>	Category 1	Category 2	Category 3	Category 4 <i>Full Fee</i>
% of Federal Poverty Income Guidelines		Up to 100%	100.01% - 149.99%	150.00% - 174.99%	175.00% - 200.00%	Over 200.00% <sup>3</sup>
1	Annual	\$0 - \$12,760	\$12,761 - \$19,140	\$19,141 - \$22,330	\$22,331 - \$25,520	Full Fee
	Monthly	\$0 - \$1,063	\$1,064 - \$1,595	\$1,596 - \$1,861	\$1,862 - \$2,127	Full Fee
2	Annual	\$0 - \$17,240	\$17,241 - \$25,860	\$25,861 - \$31,670	\$31,671 - \$34,480	Full Fee
	Monthly	\$0 - \$1,437	\$1,438 - \$2,155	\$2,156 - \$2,639	\$2,640 - \$2,873	Full Fee
3	Annual	\$0 - \$21,720	\$21,721 - \$32,580	\$32,581 - \$38,010	\$38,011 - \$43,440	Full Fee
	Monthly	\$0 - \$1,810	\$1,811 - \$2,715	\$2,716 - \$3,168	\$3,169 - \$3,620	Full Fee
4	Annual	\$0 - \$26,200	\$26,201 - \$39,300	\$39,301 - \$45,850	\$45,851 - \$52,400	Full Fee
	Monthly	\$0 - \$2,183	\$2,184 - \$3,275	\$3,276 - \$3,821	\$3,822 - \$4,367	Full Fee
5	Annual	\$0 - \$30,680	\$30,681 - \$46,020	\$46,021 - \$53,690	\$53,691 - \$61,360	Full Fee
	Monthly	\$0 - \$2,557	\$2,558 - \$3,835	\$3,836 - \$4,474	\$4,475 - \$5,113	Full Fee

	Nominal Fee	Charge	Charge	Charge	Full Fee
Medical-Sliding Fee <sup>1</sup>	\$10	\$30	\$35	\$40	Full Fee
BH- Sliding Fee	\$10	\$30	\$35	\$40	Full Fee
Dental- Sliding Fee	\$20	\$30	\$40	\$50	Full Fee
Prescription Formulary: 30 day supply <sup>2</sup>	\$10	\$15	\$20	\$25	Full Fee
Prescription Formulary: 90 day supply <sup>2</sup>	\$25	\$40	\$50	\$60	Full Fee
IUD Procedure <sup>4</sup>	\$50	\$60	\$70	\$80	Full Fee

<sup>1</sup> Includes clinical pharmacy services

<sup>2</sup> For a pharmacy customer to qualify for the sliding fee schedule, the customer must be a patient of the health center. If the price of the medication is cheaper than the Sliding Fee, the patient will only pay up to the maximum price of the medication.

<sup>3</sup> Prompt Pay Discount- 50% Discount available to patient over 200%, if paid on the day of service or if paid in full

<sup>4</sup> Separate payment for the IUD unit/product, Uninsured patient below 200% only pay the cost of the product

## RYAN WHITE - SLIDING FEE SCALE

Family Size	Income	Federal Poverty Level							
% of Federal Poverty Income Guidelines		Up to 100%	150%	200%	250%	300%	400%	500%	>500%*
1	Annual	\$12,760	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040	\$63,800	
	Monthly	\$1,063	\$1,595	\$2,127	\$2,658	\$3,190	\$4,253	\$5,317	
2	Annual	\$17,240	\$25,860	\$34,480	\$43,100	\$51,270	\$68,960	\$86,200	
	Monthly	\$1,437	\$2,155	\$2,873	\$3,592	\$4,273	\$5,747	\$7,183	
3	Annual	\$21,720	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880	\$108,600	
	Monthly	\$1,810	\$2,715	\$3,620	\$4,525	\$5,430	\$7,240	\$9,050	
4	Annual	\$26,200	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800	\$131,000	
	Monthly	\$2,183	\$3,275	\$4,367	\$5,458	\$6,550	\$8,733	\$10,917	
5	Annual	\$30,680	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720	\$153,400	
	Monthly	\$2,557	\$3,835	\$5,113	\$6,392	\$7,670	\$10,227	\$12,783	
Fee		\$0	\$2	\$3	\$4	\$5	\$7	\$9	Full Fee
Total Annual Charge		None	Not to Exceed 5%	Not to Exceed 5%	Not to Exceed 7%	Not to Exceed 7%	Not to Exceed 7%	Not to Exceed 7%	Full Fee

Add \$4,480 for each person over family size of 5

\* Prompt Pay Discount- 50% Discount available to patient over 500%, if paid on the day of service or if paid in full