



Sliding Fee Scale: Percentage of Maximum Charges Based on Family Income and Size
Effective: February 1, 2018

Family Size	Nominal Fee Medical \$20.00 Dental \$30.00 0% - A	Patient's Responsibility 20% - B	Patient's Responsibility 40% - C	Patient's Responsibility 60% - D	Patient's Responsibility 100%
1	0 – 12,140	12,141 – 16,146	16,147 – 20,152	20,153 – 24,280	24,281+
2	0 – 16,460	16,461 – 21,892	21,893– 27,324	27,325 – 32,920	32,921 +
3	0 – 20,780	20,781 – 27,637	27,638– 34,495	34,496 – 41,560	41,561 +
4	0 – 25,100	25,101 – 33,383	33,384 – 41,666	41,667 – 50,200	50,201 +
5	0 – 29,420	29,421 – 39,129	39,130 – 48,837	48,838– 58,840	58,841+
6	0 – 33,740	33,741 – 44,874	44,875 – 56,008	56,009 – 67,480	67,481+
7	0 – 38,060	38,061 – 50,620	50,621– 63,180	61,181 – 76,120	76,121+
8	0 –42,380	42,381 – 56,365	56,366 – 70,351	70,352 –84,760	84,761+
9	0 – 46,700	46,701 – 62,111	62,112 – 77,522	77,523– 93,400	93,401+
10	0 –51,020	51,021 – 67,857	67,858 – 84,693	84,694– 102,040	102,041+

Note: 1) Services will not be denied due to inability to pay

2) For family units with more than 8 members, add \$4,320 for each additional member.