

**2026 Sliding Fee Discount Scale (Based on 2026 Federal Poverty Guideline)**  
**Reviewed & Approved**

	<b>Level A (0-100%)</b>	<b>Level B (101-150%)</b>	<b>Level C (151-175%)</b>	<b>Level D (176-200%)</b>	<b>Full Charge- Level E (200% +)</b>
<b>Family Size</b>					
1	0-\$15,960	\$15,961-\$23,940	\$23,941-\$27,930	\$27,931-\$31,920	\$31,921 and over
2	0-\$21,640	\$21,1641-\$32,460	\$32,461-\$37,870	\$37,871-\$43,280	\$43,281 and over
3	0-\$27,320	\$27,321-\$40,980	\$40,981-\$47,810	\$47,811-\$54,640	\$54,641 and over
4	0-\$33,000	\$33,001-\$49,500	\$49,501-\$57,750	\$57,751-\$66,000	\$66,001 and over
5	0-\$38,680	\$38,681-\$58,020	\$58,021-\$67,690	\$67,691-\$77,360	\$77,361 and over
6	0-\$44,360	\$44,361-\$66,540	\$66,541-\$77,630	\$77,631-\$88,720	\$88,721 and over
7	0-\$50,040	\$50,041-\$75,060	\$75,061-\$87,570	\$87,571-\$100,080	\$100,081 and over
8	0-\$55,720	\$55,721-\$83,580	\$83,581-\$97,210	\$97,211-\$111,440	\$111,441 and over
For each additional person, add	\$5,680.00	\$8,520.00	\$9,940.00	\$11,360.00	
<b>Medical and Behavioral Health Services</b>					
Nominal Fee:	\$20.00	\$30.00	\$40.00	\$50.00	100% of Full Charge