2025 Sliding Fee Discount Program

Based On 2025 Federal Poverty Guidelines

Poverty Level	0-100%	101-125%		126-150%		151-175%		176-200%		Above 200%
Family Size	At or Below	At or Above								
1	\$15,650	\$15,651	\$19,563	\$19,564	\$23,475	\$23,476	\$27,388	\$27,389	\$31,300	\$31,301
2	\$21,150	\$21,151	\$26,438	\$26,439	\$31,725	\$31,726	\$37,013	\$37,014	\$42,300	\$42,301
3	\$26,650	\$26,651	\$33,313	\$33,314	\$39,975	\$39,976	\$46,638	\$46,639	\$53,300	\$53,301
4	\$32,150	\$32,151	\$40,188	\$40,189	\$48,225	\$48,226	\$56,263	\$56,264	\$64,300	\$64,301
5	\$37,650	\$37,651	\$47,063	\$47,064	\$56,475	\$56,476	\$65,888	\$65,889	\$75,300	\$75,301
6	\$43,150	\$43,151	\$53,938	\$53,939	\$64,725	\$64,726	\$75,513	\$75,514	\$86,300	\$86,301
7	\$48,650	\$48,651	\$60,813	\$60,814	\$72,975	\$72,976	\$85,138	\$85,139	\$97,300	\$97,301
8	\$54,150	\$54,151	\$67,688	\$67,689	\$81,225	\$81,226	\$94,763	\$94,764	\$108,300	\$108,301
For families or households with more than 8 persons, add this amount for each additional person.	\$5,500	\$6,875		\$8,250		\$9,625		\$11,000		
Flat Fee By Service										
Office Visit - Medical - Behavioral Health/Psychiatry - Assessment	\$0	\$5		\$6		\$8		\$10		No Discount
Group Visit	\$0	\$	1	\$	2	\$	34	\$	5	

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