



SLIDING SCALE FEE - AS PER THE 2025 HHS POVERTY INCOME GUIDELINES

PAY AMOUNT	NOMINAL FEE \$20.00 <small>(Medical/BH)</small>		25% PAY		50% PAY		75% PAY		100% PAY	
	Percentage of Poverty		Percentage of Poverty		Percentage of Poverty		Percentage of Poverty		Percentage of Poverty	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
FAMILY SIZE	0%	100%	101%	133%	134%	166%	167%	200%	201%	OVER
1	0	15,650	15,651	20,815	20,816	25,979	25,980	31,300	31,301	OVER
2	0	21,150	21,151	28,130	28,131	35,109	35,110	42,300	42,301	OVER
3	0	26,650	26,651	35,445	35,446	44,239	44,240	53,300	53,301	OVER
4	0	32,150	32,151	42,760	42,761	53,369	53,370	64,300	64,301	OVER
5	0	37,650	37,651	50,075	50,076	62,499	62,500	75,300	75,301	OVER
6	0	43,150	43,151	57,390	57,391	71,629	71,630	86,300	86,301	OVER
7	0	48,650	48,651	64,705	64,706	80,759	80,760	97,300	97,301	OVER
8	0	54,150	54,151	72,020	72,021	89,889	89,890	108,300	108,301	OVER
9	0	59,650	59,651	79,335	79,336	99,019	99,020	119,300	119,301	OVER
10	0	65,150	65,151	86,650	86,651	108,149	108,150	130,300	130,301	OVER
11	0	70,650	70,651	93,965	93,966	117,279	117,280	141,300	141,301	OVER
12	0	76,150	76,151	101,280	101,281	126,409	126,410	152,300	152,301	OVER

NOTICE BY THE "HEALTH AND HUMAN SERVICES DEPARTMENT" ON 01/17/2025 PER "THE FEDERAL REGISTER".