

2018 Annual Income Eligibility Guidelines

Effective August 30, 2018

	Household Size				
	A	B	C	D	
	<=100%	101-150%	151-175%	176-200%	>200%
1	\$15,180	\$22,770	\$26,569	\$30,360	No discount, charges
depend on type of visit					
2	20,580	30,870	36,015	41,160	
3	25,980	38,970	45,465	51,960	
4	31,380	47,070	54,915	62,760	
5	36,780	55,170	64,365	73,560	
6	42,180	63,270	73,815	84,360	
7	47,580	71,370	83,265	95,160	
8	52,980	79,470	92,715	105,960	
For households w/more than 8, add \$ 5,400 for each add'l person					5,400 8,100 9,450 10,800

Sliding Fee Discounts					
Category	Federal Poverty Level				
	A	B	C	D	
	=<100%	101-150%	151-175%	176-200%	>200%
Medical/Behavioral Health visits	\$20	\$50	\$100	\$150	No discount, charges depend on type of visit
X-ray	\$10	25%*	50%*	75%*	
Labs (cost per lab)	\$10	25%*	50%*	75%*	
Prescriptions (cost per prescription)	\$10	25%*	50%*	75%*	

***calculated as a percentage of our standard fees (based on CPT billing codes)**