

**2018 Federal Poverty Guidelines / Consolidated Sliding Fee Schedules *effective March 2018***

**ANNUAL INCOME LIMITS**

FPG %	0-5%		5.01-100%		100.01-125%		125.01-150%		150.01-200%		200.01-250%		250.01%-OVER	
FPG-Group	GROUP-A		GROUP-B		GROUP-C		GROUP-D		GROUP-E		GROUP-F		Full Charges	
Medical Pt. Co-pay	\$15.00		\$20.00		\$25.00		\$30.00		\$35.00		\$40.00		Full Charges	
Dental Pt. Co-pay	\$35.00		\$40.00		\$45.00		\$50.00		\$55.00		\$60.00		Full Charges	
MH/SA/TitleX Pt. Copay	\$0.00		\$0.00		\$100.00		\$100.00		\$100.00		\$200.00		Full Charges	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	\$0.00	\$607.00	\$607.01	\$12,140.00	\$12,140.01	\$15,175.00	\$15,175.01	\$18,210.00	\$18,210.01	\$24,280.00	\$24,280.01	\$30,350.00	\$30,350.01	OVER INCOME
2	\$0.00	\$823.00	\$823.01	\$16,460.00	\$16,460.01	\$20,575.00	\$20,575.01	\$24,690.00	\$24,690.01	\$32,920.00	\$32,920.01	\$41,150.00	\$41,150.01	OVER INCOME
3	\$0.00	\$1,039.00	\$1,039.01	\$20,780.00	\$20,780.01	\$25,975.00	\$25,975.01	\$31,170.00	\$31,170.01	\$41,560.00	\$41,560.01	\$51,950.00	\$51,950.01	OVER INCOME
4	\$0.00	\$1,255.00	\$1,255.01	\$25,100.00	\$25,100.01	\$31,375.00	\$31,375.01	\$37,650.00	\$37,650.01	\$50,200.00	\$50,200.01	\$62,750.00	\$62,750.01	OVER INCOME
5	\$0.00	\$1,471.00	\$1,471.01	\$29,420.00	\$29,420.01	\$36,775.00	\$36,775.01	\$44,130.00	\$44,130.01	\$58,840.00	\$58,840.01	\$73,550.00	\$73,550.01	OVER INCOME
6	\$0.00	\$1,687.00	\$1,687.01	\$33,740.00	\$33,740.01	\$42,175.00	\$42,175.01	\$50,610.00	\$50,610.01	\$67,480.00	\$67,480.01	\$84,350.00	\$84,350.01	OVER INCOME
7	\$0.00	\$1,903.00	\$1,903.01	\$38,060.00	\$38,060.01	\$47,575.00	\$47,575.01	\$57,090.00	\$57,090.01	\$76,120.00	\$76,120.01	\$95,150.00	\$95,150.01	OVER INCOME
8	\$0.00	\$2,119.00	\$2,119.01	\$42,380.00	\$42,380.01	\$52,975.00	\$52,975.01	\$63,570.00	\$63,570.01	\$84,760.00	\$84,760.01	\$105,950.00	\$105,950.01	OVER INCOME

**MONTHLY INCOME LIMITS**

FPG %	0-5%		5.01-100%		100.01-125%		125.01-150%		150.01-200%		200.01-250%		250.01%-OVER	
FPG-Group	GROUP-A		GROUP-B		GROUP-C		GROUP-D		GROUP-E		GROUP-F		Full Charges	
Medical Pt. Co-pay	\$15.00		\$20.00		\$25.00		\$30.00		\$35.00		\$40.00		Full Charges	
Dental Pt. Co-pay	\$35.00		\$40.00		\$45.00		\$50.00		\$55.00		\$60.00		Full Charges	
MH/SA/TitleX Pt. Copay	\$0.00		\$0.00		\$100.00		\$100.00		\$100.00		\$200.00		Full Charges	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	\$0	\$50.58	\$50.59	\$1,011.67	\$1,011.68	\$1,264.58	\$1,264.59	\$1,517.50	\$1,517.51	\$2,023.33	\$2,023.34	\$2,529.17	\$2,529.18	OVER INCOME
2	\$0	\$68.58	\$68.59	\$1,371.67	\$1,371.68	\$1,714.58	\$1,714.59	\$2,057.50	\$2,057.51	\$2,743.33	\$2,743.34	\$3,429.17	\$3,429.18	OVER INCOME
3	\$0	\$86.58	\$86.59	\$1,731.67	\$1,731.68	\$2,164.58	\$2,164.59	\$2,597.50	\$2,597.51	\$3,463.33	\$3,463.34	\$4,329.17	\$4,329.18	OVER INCOME
4	\$0	\$104.58	\$104.59	\$2,091.67	\$2,091.68	\$2,614.58	\$2,614.59	\$3,137.50	\$3,137.51	\$4,183.33	\$4,183.34	\$5,229.17	\$5,229.18	OVER INCOME
5	\$0	\$122.58	\$122.59	\$2,451.67	\$2,451.68	\$3,064.58	\$3,064.59	\$3,677.50	\$3,677.51	\$4,903.33	\$4,903.34	\$6,129.17	\$6,129.18	OVER INCOME
6	\$0	\$140.58	\$140.59	\$2,811.67	\$2,811.68	\$3,514.58	\$3,514.59	\$4,217.50	\$4,217.51	\$5,623.33	\$5,623.34	\$7,029.17	\$7,029.18	OVER INCOME
7	\$0	\$158.58	\$158.59	\$3,171.67	\$3,171.68	\$3,964.58	\$3,964.59	\$4,757.50	\$4,757.51	\$6,343.33	\$6,343.34	\$7,929.17	\$7,929.18	OVER INCOME
8	\$0	\$176.58	\$176.59	\$3,531.67	\$3,531.68	\$4,414.58	\$4,414.59	\$5,297.50	\$5,297.51	\$7,063.33	\$7,063.34	\$8,829.17	\$8,829.18	OVER INCOME

**Note:** For families with more than 8 persons, add **\$4,320** for each additional person.

Family Planning Title X patients that have an income below 100% of the poverty guidelines are eligible for subsidized care at **no cost**.

Patients with financial concerns may ask to speak with the Department Coordinator.

Patients are charged based on a sliding fee scale from the Federal Poverty Guidelines.

The Health Center provide services to patients regardless of ability to pay