

## Behavioral Health Sliding Fee

**Persons in Household**

**2024 Annual Poverty Guidelines**

	100%	133%	150%	200%	250%	300%	400%	500%
1	\$15,060	\$20,030	\$20,783	\$22,590	\$30,120	\$45,180	\$60,240	\$75,300
2	\$20,440	\$27,185	\$28,207	\$30,660	\$40,880	\$61,320	\$81,760	\$102,200
3	\$25,820	\$34,341	\$35,632	\$38,730	\$51,640	\$77,460	\$103,280	\$129,100
4	\$31,200	\$41,496	\$43,056	\$46,800	\$62,400	\$93,600	\$124,800	\$156,000
5	\$36,580	\$48,651	\$50,480	\$54,870	\$73,160	\$109,740	\$146,320	\$182,900
6	\$41,960	\$55,807	\$57,905	\$62,940	\$83,920	\$125,880	\$167,840	\$209,800
7	\$47,340	\$62,962	\$65,329	\$71,010	\$94,680	\$142,020	\$189,360	\$236,700
8	\$52,720	\$70,118	\$72,754	\$79,080	\$105,440	\$158,160	\$210,880	\$263,600

Add \$4,720 for each person over 8 persons

Poverty Level	Insurance	Nominal Fee
100% or less	State Funding	\$5
101-300%	State Funding	\$10
301-400%	Sliding Fee BH - 40% Discount	40% Discount
401-500%	Sliding Fee BH - 20% Discount	20% Discount
501% or more	Self Pay - 100%	Patient 100%