Behavioral Health Sliding Fee

Persons in Household — **2026 Annual Poverty Guidelines**

	100%	133%	150%	200%	250%	300%	400%	500%
1	$15,960	$21,227	$23,940	$31,920	$39,900	$47,880	$63,840	$79,800
2	$21,640	$28,781	$32,460	$43,280	$54,100	$64,920	$86,560	$108,200
3	$27,320	$36,336	$40,980	$54,640	$68,300	$81,960	$109,280	$136,600
4	$33,000	$43,890	$49,500	$66,000	$82,500	$99,000	$132,000	$165,000
5	$38,680	$51,444	$58,020	$77,360	$96,700	$116,040	$154,720	$193,400
6	$44,360	$58,999	$66,540	$88,720	$110,900	$133,080	$177,440	$221,800
7	$50,040	$66,553	$75,060	$100,080	$125,100	$150,120	$200,160	$250,200
8	$55,720	$74,108	$83,580	$111,440	$139,300	$167,160	$222,880	$278,600
For families/households with more than 8 persons, add $ for each additional person	$5,680	$7,554	$8,520	$11,360	$14,200	$17,040	$22,720	$28,400

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