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2026 Sliding Fee Scale for Patients - Board Approved January 20, 2026

Based on the Patient's Household Size and Annual Income and the 2026 Federal Poverty Level (FPL)

Number of People in Patient's Household	Up to 100% FPL	101% - 150% FPL	151% - 185% FPL	186% - 200% FPL	Over 200% FPL
1	$15,960	$23,940	$29,526	$31,920	$31,921
2	$21,640	$32,460	$40,034	$43,280	$43,281
3	$27,320	$40,980	$50,542	$54,640	$54,641
4	$33,000	$49,500	$61,050	$66,000	$66,001
5	$38,680	$58,020	$71,558	$77,360	$77,361
6	$44,360	$66,540	$82,066	$88,720	$88,721
7	$50,040	$75,060	$92,574	$100,080	$100,081
8	$55,720	$83,580	$103,082	$111,440	$111,441
For each additional person, add:	$5,680	$8,520	$10,508	$11,360	$11,361
MEDICAL Sliding Fee	$20.00	$30.00	$40.00	$50.00	100% of full charges
Behavioral Health with Medical visit	$0.00	$0.00	$0.00	$0.00	$0.00
Behavior Health Counselor (BHC) Sliding Fee per Visit	$5.00	$10.00	$15.00	$20.00	100% of full charges
CBC,CMP, A1C, LIPID	Included	Included	Included	Included	100% of full charges
DENTAL Sliding Fee	$20.00 (Level A)	Level B	Level C	Level D	100% of full charges (Level E)

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2026 Escala Proporcional Propuesta para Pacientes (Aprobada por los Miembros del Consejo Enero 20 2026
Basado en el tamaño familiar del paciente e Ingreso Anual y el Nivel de Pobreza Federal (NPF) de 2026

Número de Personas en el hogar de el Paciente	Hasta 100% NPF	101% - 150% NPF	151%-185% NPF	186% - 200% NPF	Sobre 200% NPF
1	$15,960	$23,940	$29,526	$31,920	$31,921
2	$21,640	$32,460	$40,034	$43,280	$43,281
3	$27,320	$40,980	$50,542	$54,640	$54,641
4	$33,000	$49,500	$61,050	$66,000	$66,001
5	$38,680	$58,020	$71,558	$77,360	$77,361
6	$44,360	$66,540	$82,066	$88,720	$88,721
7	$50,040	$75,060	$92,574	$100,080	$100,081
8	$55,720	$83,580	$103,082	$111,440	$111,441
Por cada persona adicional aumente:	$5,680	$8,520	$10,508	$11,360	$11,361
Escala proporcional MEDICA	$20.00	$30.00	$40.00	$50.00	100% del total de cargos
Consejero con visita Medica	$0.00	$0.00	$0.00	$0.00	$0.00
Escala proporcional del Consejero (Behavioral Health) por Visita	$5.00	$10.00	$15.00	$20.00	100% del total de cargos
CBC, CMP, A1C, LIPID	Incluido	Incluido	Incluido	Incluido	100% del total de cargos
Escala Proporcional DENTAL	$20.00 (Nivel A)	Nivel B	Nivel C	Nivel D	100% del total de cargos (Nivel E)