

# HealthLinc

## 2025 Sliding Fee Scale for Patients - Board Approved 1/20/2025

Based on the Patient's Household Size and Annual Income and the 2025 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  | \$15,650          | \$23,475        | \$28,953        | \$31,300        | \$31,301                       |
| 2  | \$21,150          | \$31,725        | \$39,128        | \$42,300        | \$42,301                       |
| 3  | \$26,650          | \$39,975        | \$49,303        | \$53,300        | \$53,301                       |
| 4  | \$32,150          | \$48,225        | \$59,478        | \$64,300        | \$64,301                       |
| 5  | \$37,650          | \$56,475        | \$69,653        | \$75,300        | \$75,301                       |
| 6  | \$43,150          | \$64,725        | \$79,828        | \$86,300        | \$86,301                       |
| 7  | \$48,650          | \$72,975        | \$90,003        | \$97,300        | \$97,301                       |
| 8  | \$54,150          | \$81,225        | \$100,178       | \$108,300       | \$108,301                      |
| <b>For each additional person, add:</b>                      | \$5,500           | \$8,250         | \$10,175        | \$11,000        | \$11,001                       |
| <b>MEDICAL Sliding Fee</b>                                   | \$20.00           | \$30.00         | \$40.00         | \$50.00         | 100% of full charges           |
| <b>Behavioral Health with Medical visit</b>                  | \$0.00            | \$0.00          | \$0.00          | \$0.00          | \$0.00                         |
| <b>Behavior Health Counselor (BHC) Sliding Fee per Visit</b> | \$5.00            | \$10.00         | \$15.00         | \$20.00         | 100% of full charges           |
| <b>CBC,CMP, A1C, LIPID</b>                                   | Included          | Included        | Included        | Included        | 100% of full charges           |
| <b>DENTAL Sliding Fee</b>                                    | \$20.00 (Level A) | Level B         | Level C         | Level D         | 100% of full charges (Level E) |

## HealthLinc

**2025 Escala Proporcional Propuesta para Pacientes Aprobada por los Mier**  
**Basado en el tamaño familiar del paciente e Ingreso Anual y el Nivel de Pobr**

| <b>Número de Personas en el hogar de el Paciente</b>                    | <b>Hasta 100% FPL</b> | <b>101% - 150% FPL</b> | <b>151% - 185% FPL</b> |
|---|-----------------------|------------------------|------------------------|
| 1   | \$15,650              | \$23,475               | \$28,953               |
| 2   | \$21,150              | \$31,725               | \$39,128               |
| 3   | \$26,650              | \$39,975               | \$49,303               |
| 4   | \$32,150              | \$48,225               | \$59,478               |
| 5   | \$37,650              | \$56,475               | \$69,653               |
| 6   | \$43,150              | \$64,725               | \$79,828               |
| 7   | \$48,650              | \$72,975               | \$90,003               |
| 8   | \$54,150              | \$81,225               | \$100,178              |
| <b>Por cada persona adicional aumento:</b>                              | \$5,500               | \$8,250                | \$10,175               |
| <b>Escala proporcional MEDICA</b>                                       | \$20.00               | \$30.00                | \$40.00                |
| <b>Consejero con visita Medica</b>                                      | \$0.00                | \$0.00                 | \$0.00                 |
| <b>Escala proporcional del Consejero (Behavioral Health) por Visita</b> | \$5.00                | \$10.00                | \$15.00                |
| <b>CBC,CMP, A1C, LIPID</b>  | Included              | Included               | Included               |
| <b>Escala Proporcional DENTAL</b>                                       | \$20.00 (Level A)     | Level B                | Level C                |

**Salarios del Consejo 1/20/2025**  
**Tabla Federal (NPF) del 2025**

| <b>186% - 200% FPL</b> | <b>Sobre 200% FPL</b>                 |
|------------------------|---------------------------------------|
| \$31,300               | \$31,301                              |
| \$42,300               | \$42,301                              |
| \$53,300               | \$53,301                              |
| \$64,300               | \$64,301                              |
| \$75,300               | \$75,301                              |
| \$86,300               | \$86,301                              |
| \$97,300               | \$97,301                              |
| \$108,300              | \$108,301                             |
| \$11,000               | \$11,001                              |
| \$50.00                | 100% del total de cargos              |
| \$0.00                 | \$0.00                                |
| \$20.00                | 100% del total de cargos              |
| Included               | 100% del total de cargos              |
| Level D                | 100% del total de cargos<br>(Nivel E) |