

Mt Rose Health Center Sliding Fee Schedule

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty

Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
		CHARGE				
Family Size	Small Fee (\$5)	20% Pay	30% Pay	40% Pay	50% Pay	75% Pay
1	0 - \$12,060	\$12,061-\$15,075	\$15,076-\$18,090	\$18,091-\$21,105	\$21,106-\$24,120	\$24,121 or higher
2	0 - \$16,240	\$16,241-\$20,300	\$20,301-\$24,360	\$24,361-\$28,420	\$28,421-\$32,480	\$32,481 or higher
3	0 - \$20,420	\$20,421-\$25,525	\$25,526-\$30,630	\$30,631-\$35,735	\$35,736-\$40,840	\$40,841 or higher
4	0 - \$24,600	\$24,601-\$30,750	\$30,751-\$36,900	\$36,901-\$43,050	\$43,051-\$49,200	\$49,201 or higher
5	0 - \$28,780	\$28,781-\$35,975	\$35,976-\$43,170	\$43,171-\$50,365	\$50,366-\$57,560	\$57,561 or higher
6	0 - \$32,960	\$32,961-\$41,200	\$41,201-\$49,440	\$49,441-\$57,680	\$57,681-\$65,920	\$65,921 or higher
7	0 - \$37,140	\$37,141-\$46,425	\$46,426-\$55,710	\$55,711-\$64,995	\$64,996-\$74,280	\$74,281 or higher
8	0 - \$41,320	\$41,321-\$51,650	\$51,651-\$61,980	\$61,981-\$72,310	\$72,311-\$82,640	\$82,641 or higher
For each additional person please add..	\$4,180.00	\$5,225.00	\$6,270.00	\$7,315.00	\$8,360.00	\$8,360.00

* Based on 2017 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

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