

2020 FEDERAL POVERTY GUIDELINES & JPCHC SLIDING FEE SCALE

Family Size*	Income Presented	LEVEL A (<100%)	LEVEL B (101% - 149%)		LEVEL C (150% - 174%)		LEVEL D (175% - 200%)		LEVEL E (>200%)
		Less than/ Equal to	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum
1	Annual	\$12,760	\$12,761	\$19,139	\$19,140	\$22,329	\$22,330	\$25,520	\$25,521
	Monthly	\$1,063	\$1,064	\$1,594	\$1,595	\$1,860	\$1,861	\$2,127	\$2,128
2	Annual	\$17,240	\$17,241	\$25,859	\$25,860	\$30,169	\$30,170	\$34,480	\$34,481
	Monthly	\$1,437	\$1,438	\$2,154	\$2,155	\$2,513	\$2,514	\$2,873	\$2,874
3	Annual	\$21,720	\$21,721	\$32,579	\$32,580	\$38,009	\$38,010	\$43,440	\$43,441
	Monthly	\$1,810	\$1,811	\$2,714	\$2,715	\$3,167	\$3,168	\$3,620	\$3,621
4	Annual	\$26,200	\$26,201	\$39,299	\$39,300	\$45,849	\$45,850	\$52,400	\$52,401
	Monthly	\$2,183	\$2,184	\$3,274	\$3,275	\$3,820	\$3,821	\$4,367	\$4,368
5	Annual	\$30,680	\$30,681	\$46,019	\$46,020	\$53,689	\$53,690	\$61,360	\$61,361
	Monthly	\$2,557	\$2,558	\$3,834	\$3,835	\$4,473	\$4,474	\$5,113	\$5,114
6	Annual	\$35,160	\$35,161	\$52,739	\$52,740	\$61,529	\$61,530	\$70,320	\$70,321
	Monthly	\$2,930	\$2,931	\$4,394	\$4,395	\$5,127	\$5,128	\$5,860	\$5,861
7	Annual	\$39,640	\$39,641	\$59,459	\$59,460	\$69,369	\$69,370	\$79,280	\$79,281
	Monthly	\$3,303	\$3,304	\$4,954	\$4,955	\$5,780	\$5,781	\$6,607	\$6,608
8	Annual	\$44,120	\$44,121	\$66,179	\$66,180	\$77,209	\$77,210	\$88,240	\$88,241
	Monthly	\$3,677	\$3,678	\$5,514	\$5,515	\$6,433	\$6,434	\$7,353	\$7,354

	A	B	C	D	E
Sliding Fee Discount	100%	75%	50%	25%	0%
Patient Time of service fee Office Visit	\$20	\$20, will be billed remaining 25% of charges	\$20, will be billed remaining 50% of charges	\$20, will be billed remaining 75% of charges	\$20, will be billed remaining 100% of charges
Patient Time of service fee Dental Services	\$30	\$30, will be billed remaining 25% of charges	\$30, will be billed remaining 50% of charges	\$30, will be billed remaining 75% of charges	\$30, will be billed remaining 100% of charges
Lab Fees Patient will be Billed, not collected at time of service	\$15	25% of charges	50% of charges	75% of charges	No direct bill – pay MAFL full fee

HOW TO USE THIS SCALE:

- (1) Determine the number of members in a Family Unit
- (2) Determine ALL income supporting the family and ALL sources of income (i.e. paystubs, alimony, SSI, retirement, etc.)
- (3) Find the number of family members in Column 1 ("Family Size").
- (4) Determine the range in which the patient's family income falls.
- (5) The column in which the patient's family income falls indicated the percentage of Sliding Fee Scale discount. *Size of Family Unit (Add \$4,480 for each additional person)