

## Fee Assistance Based on Income and Family Size\*

Effective 7/1/18-6/30/19

Family Size	Nominal Fee (\$5 outpatient and \$25 inpatient)	Pay 20%	Pay 40%	Pay 70%	Pay 90%	No discount
1	0 to \$18,210	\$18,211 to \$24,280	\$24,281 to \$30,350	\$30,351 to \$36,420	\$36,421 to \$42,490	\$42,491 +
2	0 to \$24,690	\$24,691 to \$32,920	\$32,921 to \$41,150	\$41,151 to \$49,380	\$49,381 to \$57,610	\$57,611 +
3	0 to \$31,170	\$31,171 to \$41,560	\$41,561 to \$51,950	\$51,951 to \$62,340	\$62,341 to \$72,730	\$72,731 +
4	0 to \$37,650	\$37,651 to \$50,200	\$50,201 to \$62,750	\$62,751 to \$75,300	\$75,301 to \$87,850	\$87,851 +
5	0 to \$44,130	\$44,131 to \$58,840	\$58,841 to \$73,550	\$73,551 to \$88,260	\$88,261 to \$102,970	\$102,971 +
6	0 to \$50,610	\$50,611 to \$67,480	\$67,481 to \$84,350	\$84,351 to \$101,220	\$101,221 to \$118,090	\$118,091 +
7	0 to \$57,090	\$57,091 to \$76,120	\$76,121 to \$95,150	\$95,151 to \$114,180	\$114,181 to \$133,210	\$133,211 +
8	0 to \$63,570	\$63,571 to \$84,760	\$84,761 to \$105,950	\$105,951 to \$127,140	\$127,141 to \$148,330	\$148,331 +
9	0 to \$70,050	\$70,051 to \$93,400	\$93,401 to \$116,750	\$116,751 to \$140,100	\$140,101 to \$163,450	\$163,451 +
For each add'l person add:	\$6,480	\$8,640	\$10,800	\$12,960	\$15,120	\$15,120

\*Based on 2018 Federal Poverty Guidelines

Directions:

Find your family size in the left column and the box on that row that includes your total annual family income. The percentage of the fees you will pay are noted at the top of the column.