

Fee Assistance Based on Income and Family Size*

Effective 7/1/19-6/30/20

Family Size	Nominal Fee (\$5 outpatient and \$25 inpatient)	Pay 20%	Pay 40%	Pay 70%	Pay 90%	No discount
1	0 to \$18,740	\$18,741 to \$24,980	\$24,981 to \$31,230	\$31,231 to \$37,470	\$37,471 to \$43,710	\$43,711 +
2	0 to \$25,370	\$25,371 to \$33,820	\$33,821 to \$42,280	\$42,281 to \$50,730	\$50,731 to \$59,180	\$59,181 +
3	0 to \$32,000	\$32,001 to \$42,660	\$42,661 to \$53,330	\$53,331 to \$63,990	\$63,991 to \$74,650	\$74,651 +
4	0 to \$38,630	\$38,631 to \$51,500	\$51,501 to \$64,380	\$64,381 to \$77,250	\$77,251 to \$90,120	\$90,121 +
5	0 to \$45,260	\$45,261 to \$60,340	\$60,341 to \$75,430	\$75,431 to \$90,510	\$90,511 to \$105,590	\$105,591 +
6	0 to \$51,890	\$51,891 to \$69,180	\$69,181 to \$86,480	\$86,481 to \$103,770	\$103,771 to \$121,060	\$121,061 +
7	0 to \$58,520	\$58,521 to \$78,020	\$78,021 to \$97,530	\$97,531 to \$117,030	\$117,031 to \$136,530	\$136,531 +
8	0 to \$65,150	\$65,151 to \$86,860	\$86,861 to \$108,580	\$108,581 to \$130,290	\$130,291 to \$152,000	\$152,001 +
9	0 to \$71,780	\$71,781 to \$95,700	\$95,701 to \$119,630	\$119,631 to \$143,550	\$143,551 to \$167,470	\$167,471 +
For each add'l person add:	\$6,480	\$8,640	\$10,800	\$12,960	\$15,120	\$15,120

*Based on 2019 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.