

Fee Assistance Based on Income and Family Size*

Effective 7/1/2020-6/30/2021

Family Size	Nominal Fee (\$5 outpatient and \$25 inpatient)	Pay 20%	Pay 40%	Pay 70%	Pay 90%	No discount
1	0 to \$19,140	\$19,141 to \$25,520	\$25,521 to \$31,900	\$31,901 to \$38,280	\$38,281 to \$44,660	\$44,661 +
2	0 to \$25,860	\$25,861 to \$34,480	\$34,481 to \$43,100	\$43,101 to \$51,720	\$51,721 to \$60,340	\$60,341 +
3	0 to \$32,580	\$32,581 to \$43,440	\$43,441 to \$54,300	\$54,301 to \$65,160	\$65,161 to \$76,020	\$76,021 +
4	0 to \$39,300	\$39,301 to \$52,400	\$52,401 to \$65,500	\$65,501 to \$78,600	\$78,601 to \$91,700	\$91,701 +
5	0 to \$46,020	\$46,021 to \$61,360	\$61,361 to \$76,700	\$76,701 to \$92,040	\$92,041 to #####	\$107,381 +
6	0 to \$52,740	\$52,741 to \$70,320	\$70,321 to \$87,900	\$87,901 to #####	##### to #####	\$123,061 +
7	0 to \$59,460	\$59,461 to \$79,280	\$79,281 to \$99,100	\$99,101 to #####	##### to #####	\$138,741 +
8	0 to \$66,180	\$66,181 to \$88,240	\$88,241 to #####	##### to #####	##### to #####	\$154,421 +
9	0 to \$72,900	\$72,901 to \$97,200	\$97,201 to #####	##### to #####	##### to #####	\$170,101 +
For each add'l person add:	\$6,720	\$8,960	\$11,200	\$13,440	\$15,680	\$15,680

*Based on 2020 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.