



Sliding Fee Schedule
Based upon 2016 Annual Federal Poverty Level Guidelines

Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,880	\$15,800	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	16,020	21,307	24,030	32,040	40,050	48,060	64,080
3	20,160	26,813	30,240	40,320	50,400	60,480	80,640
4	24,300	32,319	36,450	48,600	60,750	72,900	97,200
5	28,440	37,825	42,660	56,880	71,100	85,320	113,760
6	32,580	43,331	48,870	65,160	81,450	97,740	130,320
7	36,730	48,851	55,095	73,460	91,825	110,190	146,920
8	40,890	54,384	61,335	81,780	102,225	122,670	163,560

Minimum Fee is:

Poverty Level	Co-pay
100% - 125%	\$0 per visit
126% - 175%	\$ 0 per visit
176% - \$200%	\$ 0 per visit
> 200%	\$ 0 per visit

Note: All consumers must meet admission criteria set forth in MHC policy, regardless of their ability to pay.