

FPL Guidelines with Sliding Fee Schedule

2021/2022 FEDERAL HHS POVERTY GUIDELINES [48 States]

		Monthly Income Thresholds by Sliding Fee and Discount Pay Class and Percent Poverty (At or Below FPL%)			
		100%	133%	150%	200%
		Sliding Fee Discount			
Family Size	Annual Income	No Fee	\$35	\$45	\$55
1	\$12,880	\$1,073	\$1,427	\$1,610	\$2,146
2	\$17,420	\$1,452	\$1,931	\$2,178	\$2,904
3	\$21,960	\$1,830	\$2,434	\$2,745	\$3,660
4	\$26,500	\$2,208	\$2,937	\$3,312	\$4,416
5	\$31,040	\$2,587	\$3,441	\$3,881	\$5,174
6	\$35,580	\$2,965	\$3,943	\$4,448	\$5,930
7	\$40,120	\$3,343	\$4,446	\$5,015	\$6,686
8	\$44,660	\$3,722	\$4,950	\$5,583	\$7,444
For each additional person add,	\$4,540	NO ASSET TEST REQUIRED			

Reference: Federal Register, January 13, 2021

<https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines>

SLIDING FEE SCHEDULE BY INCOME RANGE (0-200%)

* Includes Emergency, Inpatient , Outpatient, Specialty and Dental Services