SLIDING FEE SCHEDULE 01/13/2026 - 1/31/2027

Annual Income

FAMILY SIZE	FROM	TO	FROM	TO	FROM	TO	FROM	TO	From	TO	MORE THAN
	0%	100%	101%	125%	126%	150%	151%	200%	201%	250%	251%
1	$0	$15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$31,920	$31,921	$39,900	$39,901
2	$0	$21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$43,280	$43,281	$54,100	$54,101
3	$0	$27,320	$27,321	$34,150	$34,151	$40,980	$40,981	$54,640	$54,641	$68,300	$68,301
4	$0	$33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$66,000	$66,001	$82,500	$82,501
5	$0	$38,680	$38,681	$48,350	$48,351	$58,020	$58,021	$77,360	$77,361	$96,700	$96,701
6	$0	$44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$88,720	$88,721	$110,900	$110,901
7	$0	$50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$100,080	$100,081	$125,100	$125,101
8	$0	$55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$111,440	$111,441	$139,300	$139,301

For families/households with more than 8 persons, add $5680 for each additional person.

Patient Pays	B	C	D	E	F	G
Sexual and Reproductive Health Services	$0.00	$20.00	$30.00	$40.00	$50.00	100% of Charges

***Services that do not have a Medicaid rate are a 60% discount**

PATIENT IS RESPONSIBLE FOR THE LESSER OF ACTUAL TOTAL CHARGES OR SLIDING FEE SCALE.

Reproductive health services are available only to individuals based on their reproductive health status as determined by their health care provider.