

RHC sliding fee schedule 2021

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
% of annual family income to Federal Poverty Level	At or Below 100% of FPL would receive 100% discount	125% of FPL would receive 20% discount	150% of FPL would receive 60% discount	175% of FPL would receive 40% discount	200% of FPL would receive 20% discount	200% and above of FPL would not be eligible for discount
Size of Family	100% discount Patient pays 0%	80% discount Patient pays 20%	60% discount Patient pays 40%	40% discount Patient Pays 60%	20% discount Patient Pays 80%	Patient Pays 100%
1	\$12,880.00	\$15,950.00	\$19,140.00	\$22,330.00	\$25,760.00	25761.00 +
2	\$17,420.00	\$21,775.00	\$26,130.00	\$30,485.00	\$34,840.00	34841.00 +
3	\$21,960.00	\$27,450.00	\$32,940.00	\$38,430.00	\$43,920.00	43921.00 +
4	\$26,500.00	\$33,125.00	\$39,750.00	\$46,375.00	\$53,000.00	53001.00 +
5	\$31,040.00	\$38,800.00	\$46,560.00	\$54,320.00	\$62,080.00	62081.00 +
6	\$35,580.00	\$44,475.00	\$53,370.00	\$62,265.00	\$71,160.00	71161.00 +
7	\$40,120.00	\$50,150.00	\$60,180.00	\$70,210.00	\$80,240.00	80241.00 +
8	\$44,660.00	\$55,825.00	\$66,990.00	\$78,155.00	\$89,320.00	89321.00 +
For each additional person, add	\$5,220	\$6,525	\$7,830	\$9,135	\$10,440	