

RHC sliding fee schedule January 2025

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	150% of FPL would receive 80% discount	175% of FPL would receive 60% discount	200% of FPL would receive 40% 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%	Patient Pays 100%
1	\$15,650.00	\$23,475.00	\$27,387.50	\$31,300.00	30,120.00+
2	\$21,150.00	\$31,725.00	\$37,012.50	\$42,300.00	40,880.00+
3	\$26,650.00	\$39,975.00	\$46,637.50	\$53,300.00	51,640.00+
4	\$32,150.00	\$48,225.00	\$56,262.50	\$64,300.00	62,400.00+
5	\$37,650.00	\$56,475.00	\$65,887.50	\$75,300.00	73,160.00+
6	\$43,150.00	\$64,725.00	\$75,512.50	\$86,300.00	83,920.00+
7	\$48,650.00	\$72,975.00	\$85,137.50	\$97,300.00	94,680.00+
8	\$54,150.00	\$81,225.00	\$94,762.50	\$108,300.00	105,440.00+
For each additional person, add	\$5,500	\$8,250	\$9,625	\$11,000	

