

**Team Wellness Center Sliding Fee Scale
(Per 2026 Federal Poverty Guideline) eff. 1-01-2026**

Note: Demonstrating ability/inability to pay is the responsibility of the person receiving services

Patient pays Percent of Bill Or Co Pay Amount Poverty Level	Category 1 0 Or Flat Rate \$5.00 Up to 100%	Category 2 0.1 Or Flat Rate \$10.00 Up to 125%	Category 3 0.25 Or Flat Rate \$20.00 Up to 151%	Category 4 0.5 Or Flat Rate \$40.00 Up to 176%	Category 5 0.85 Or Flat Rate \$60.00 Up to 250%	Category 6 1 Or Full Fee Up to 251% and Greater
# of Persons in Household	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income
1	\$0.00 - \$15,960.00	\$15,961.00 - \$19,950.00	\$19,951.00 - \$24,099.60	\$24,100.60 - \$28,089.60	\$28,090.60 - \$39,900.00	\$39,901.00 - \$40,059.60
2	\$0.00 - \$21,640.00	\$21,641.00 - \$27,050.00	\$27,051.00 - \$32,676.40	\$32,677.40 - \$38,086.40	\$38,087.40 - \$54,100.00	\$54,101.00 - \$54,316.40
3	\$0.00 - \$27,320.00	\$27,321.00 - \$34,150.00	\$34,151.00 - \$41,253.20	\$41,254.20 - \$48,083.20	\$48,084.20 - \$68,300.00	\$68,301.00 - \$68,573.20
4	\$0.00 - \$33,000.00	\$33,001.00 - \$41,250.00	\$41,251.00 - \$49,830.00	\$49,831.00 - \$58,080.00	\$58,081.00 - \$82,500.00	\$82,501.00 - \$82,830.00
5	\$0.00 - \$38,680.00	\$38,681.00 - \$48,350.00	\$48,351.00 - \$58,406.80	\$58,407.80 - \$68,076.80	\$68,077.80 - \$96,700.00	\$96,701.00 - \$97,086.80
6	\$0.00 - \$44,360.00	\$44,361.00 - \$55,450.00	\$55,451.00 - \$66,983.60	\$66,984.60 - \$78,073.60	\$78,074.60 - \$110,900.00	\$110,901.00 - \$111,343.60
7	\$0.00 - \$50,040.00	\$50,041.00 - \$62,550.00	\$62,551.00 - \$75,560.40	\$75,561.40 - \$88,070.40	\$88,071.40 - \$125,100.00	\$125,101.00 - \$125,600.40
8	\$0.00 - \$55,720.00	\$55,721.00 - \$69,650.00	\$69,651.00 - \$84,137.20	\$84,138.20 - \$98,067.20	\$98,068.20 - \$139,300.00	\$139,301.00 - \$139,857.20
9	\$0.00 - \$61,400.00	\$61,401.00 - \$76,750.00	\$76,751.00 - \$92,714.00	\$92,715.00 - \$108,064.00	\$108,065.00 - \$153,500.00	\$153,501.00 - \$154,114.00
10	\$0.00 - \$67,080.00	\$67,081.00 - \$83,850.00	\$83,851.00 - \$101,290.80	\$101,291.80 - \$118,060.80	\$118,061.80 - \$167,700.00	\$167,701.00 - \$168,370.80
11	\$0.00 - \$72,760.00	\$72,761.00 - \$90,950.00	\$90,951.00 - \$109,867.60	\$109,868.60 - \$128,057.60	\$128,058.60 - \$181,900.00	\$181,901.00 - \$182,627.60
12	\$0.00 - \$78,440.00	\$78,441.00 - \$98,050.00	\$98,051.00 - \$118,444.40	\$118,445.40 - \$138,054.40	\$138,055.40 - \$196,100.00	\$196,101.00 - \$196,884.40
13	\$0.00 - \$84,120.00	\$84,121.00 - \$105,150.00	\$105,151.00 - \$127,021.20	\$127,022.20 - \$148,051.20	\$148,052.20 - \$210,300.00	\$210,301.00 - \$211,141.20
14	\$0.00 - \$89,800.00	\$89,801.00 - \$112,250.00	\$112,251.00 - \$135,598.00	\$135,599.00 - \$158,048.00	\$158,049.00 - \$224,500.00	\$224,501.00 - \$225,398.00
For Each Additional Member add:	- \$5,680.00	\$7,100.00	\$8,576.80	\$9,996.80	\$14,200.00	\$14,256.80

*This Certified Community Behavioral Health -Like -Center offers Medical Care Discounts.

***NO ONE WILL BE DENIED ACCESS TO SERVICES DUE TO INABILITY TO PAY; AND THERE IS A DISCOUNTED/SLIDING FEE SCHEDULE BASED ON FAMILY SIZE AND INCOME**

*Out of pocket fees for income-eligible sliding fee patients at or below 250% FPG will be the lesser of the insurance copayment or the sliding fee charge, unless precluded by patient insurance carrier and contract.

*Some scale applies to labs (non dental), medication and supplies.

Qualifications:

- 1) Family size and income range fall in Category 1-6.
- 2) Application Approved

DENTAL:

Exclusion - Category 1

The following will be billed at 75% of actual Dental cost:

Dentures & Removeable Partial Dentures (exception: interim, immediate, and cosmetic prostheses will be billed at actual dental cost)

Crowns & Bridges (exception: cosmetic prostheses will be billed at actual dental cost)

Dental lab fees (for any services covered under sliding fee)

Exclusion - Category 2-6

The following will be billed at actual Dental cost:

Dentures & Removeable Partial Dentures

Crowns & Bridges

Dental lab fees (for any services covered under sliding fee)

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

1/31/2025