



**Honor Community Health CARES Sliding Fee Discount Scale**  
**2024 Medical and Behavioral Health**

Slide Category		A	B	C	D	N/A
Poverty Level		0 - 100%	101 - 150%	151 - 175%	176 - 200%	> 200%
Behavioral Health (Including Substance Use Services)	Required Fee per family member, per visit	Nominal Fee \$5	\$6	\$7	\$8	100% of Charges
Medical (Including Nutritional Services)	Required Fee per family member, per visit	Nominal Fee \$15	\$25	\$35	\$45	100% of Charges
<b>FAMILY SIZE</b>						
<b>1</b>	Annual(up to)	\$ 15,060.00	\$ 22,590.00	\$ 26,355.00	\$ 30,120.00	\$ 30,121.00
	Monthly	\$ 1,255.00	\$ 1,882.50	\$ 2,196.25	\$ 2,510.00	\$ 2,510.08
	Weekly	\$ 289.62	\$ 434.42	\$ 506.83	\$ 579.23	\$ 579.25
<b>2</b>	Annual(up to)	\$ 20,440.00	\$ 30,660.00	\$ 35,770.00	\$ 40,880.00	\$ 40,881.00
	Monthly	\$ 1,703.33	\$ 2,555.00	\$ 2,980.83	\$ 3,406.67	\$ 3,406.75
	Weekly	\$ 393.08	\$ 589.62	\$ 687.88	\$ 786.15	\$ 786.17
<b>3</b>	Annual(up to)	\$ 25,820.00	\$ 38,730.00	\$ 45,185.00	\$ 51,640.00	\$ 51,641.00
	Monthly	\$ 2,151.67	\$ 3,227.50	\$ 3,765.42	\$ 4,303.33	\$ 4,303.42
	Weekly	\$ 496.54	\$ 744.81	\$ 868.94	\$ 993.08	\$ 993.10
<b>4</b>	Annual(up to)	\$ 31,200.00	\$ 46,800.00	\$ 54,600.00	\$ 62,400.00	\$ 62,401.00
	Monthly	\$ 2,600.00	\$ 3,900.00	\$ 4,550.00	\$ 5,200.00	\$ 5,200.08
	Weekly	\$ 600.00	\$ 900.00	\$ 1050.00	\$ 1200.00	\$ 1200.02
<b>5</b>	Annual(up to)	\$ 36,580.00	\$ 54,870.00	\$ 64,015.00	\$ 73,160.00	\$ 73,161.00
	Monthly	\$ 3,048.33	\$ 4,572.50	\$ 5,334.58	\$ 6,096.67	\$ 6,096.75
	Weekly	\$ 703.46	\$ 1055.19	\$ 1231.06	\$ 1406.92	\$ 1406.94
<b>6</b>	Annual(up to)	\$ 41,960.00	\$ 62,940.00	\$ 73,430.00	\$ 83,920.00	\$ 83,921.00
	Monthly	\$ 3,496.67	\$ 5,245.00	\$ 6,119.17	\$ 6,993.33	\$ 6,993.42
	Weekly	\$ 806.92	\$ 1210.38	\$ 1412.12	\$ 1613.85	\$ 1613.87
<b>7</b>	Annual(up to)	\$ 47,340.00	\$ 71,010.00	\$ 82,845.00	\$ 94,680.00	\$ 94,681.00
	Monthly	\$ 3,945.00	\$ 5,917.50	\$ 6,903.75	\$ 7,890.00	\$ 7,890.08
	Weekly	\$ 910.38	\$ 1365.58	\$ 1593.17	\$ 1820.77	\$ 1820.79
<b>8</b>	Annual(up to)	\$ 52,720.00	\$ 79,080.00	\$ 92,260.00	\$ 105,440.00	\$ 105,441.00
	Monthly	\$ 4,393.33	\$ 6,590.00	\$ 7,688.33	\$ 8,786.67	\$ 8,786.75
	Weekly	\$ 1013.85	\$ 1520.77	\$ 1774.23	\$ 2027.69	\$ 2027.71
<b>Each Additional Person</b>	Annual(up to)	\$ 5,380.00	\$ 8,070.00	\$ 9,415.00	\$ 10,760.00	\$ 10,761.00
	Monthly	\$ 448.33	\$ 672.50	\$ 784.58	\$ 896.67	\$ 896.75
	Weekly	\$ 103.46	\$ 155.19	\$ 181.06	\$ 206.92	\$ 206.94

Updated using Federal Poverty Guidelines for 2024 (published in January 2024)

Contraceptive devices are a separate fee in addition to the nominal fee or discounted fee.