

Sliding Fee Schedule (SFS) - Elmhurst Home, Inc.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	0% pay	20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,760	\$12,761-\$15,950	\$15,951-\$19,140	\$19,141-\$22,330	\$22,331-\$25,520	\$25,521+
2	0-\$17,240	\$17,241-\$21,550	\$21,551-\$25,860	\$25,861-\$30,170	\$30,171-\$34,480	\$34,481+
3	0-\$21,720	\$21,721-\$27,150	\$27,151-\$32,580	\$32,581-\$38,010	\$38,011-\$43,440	\$43,441+
4	0-\$26,200	\$26,201-\$32,750	\$32,751-\$39,300	\$39,301-\$45,850	\$45,851-\$52,400	\$52,401+
5	0-\$30,680	\$30,681-\$38,350	\$38,351-\$46,020	\$46,021-\$53,690	\$53,691-\$61,360	\$61,361+
6	0-\$35,160	\$35,161-\$43,950	\$43,951-\$52,740	\$52,741-\$61,530	\$61,531-\$70,320	\$70,321+
7	0-\$39,640	\$39,641-\$49,550	\$49,551-\$59,460	\$59,461-\$69,370	\$69,371-\$79,280	\$79,281+
8	0-\$44,120	\$49,121-\$55,150	\$55,151-\$66,180	\$66,181-\$77,210	\$77,211-\$88,240	\$88,241+
For each additional person, add	\$4,480	\$5,600	\$6,720	\$7,840	\$8,960	\$8,960

*Based on the 2020 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

Highest level is 200% of poverty guidelines

Allows Access staff to make adjustments in co-pay amounts for special circumstances (reduce up to 30%; no adjustment to income or over 30% of copay without supervisory approval)

Your Cost of Treatment is \$ _____ Copy Received by - Client Signature _____

Date _____/_____/_____



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION