



2025 SLIDE FEE SCALE

Annual Household Income per Federal Poverty Level Guidelines						
	A	B	C	D	E	F
Family Size	0-100%	120%	140%	160%	180%	200%
1	\$15,650	\$18,780	\$21,910	\$25,040	\$28,170	\$31,300
2	\$21,150	\$25,380	\$29,610	\$33,840	\$38,070	\$42,300
3	\$26,650	\$31,980	\$37,310	\$42,640	\$47,970	\$53,300
4	\$32,150	\$38,580	\$45,010	\$51,440	\$57,870	\$64,300
5	\$37,650	\$45,180	\$52,710	\$60,240	\$67,770	\$75,300
6	\$43,150	\$51,780	\$60,410	\$69,040	\$77,670	\$86,300
7	\$48,650	\$58,380	\$68,110	\$77,840	\$87,570	\$97,300
8	\$54,150	\$64,980	\$75,810	\$86,640	\$97,470	\$108,300
For each additional person over 8, add:	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500

Nominal Fee	A	B	C	D	E	F
Medical/Behavioral Health	\$20	\$30	\$40	\$50	\$60	\$70
Dental	\$40	\$50	\$60	\$70	\$80	\$90

1/21/2025