



2026 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	\$15,960	\$19,152	\$22,344	\$25,536	\$28,728	\$31,920
2	\$21,640	\$25,968	\$30,296	\$34,624	\$38,952	\$43,280
3	\$27,320	\$32,784	\$38,248	\$43,712	\$49,176	\$54,640
4	\$33,000	\$39,600	\$46,200	\$52,800	\$59,400	\$66,000
5	\$38,680	\$46,416	\$54,152	\$61,888	\$69,624	\$77,360
6	\$44,360	\$53,232	\$62,104	\$70,976	\$79,848	\$88,720
7	\$50,040	\$60,048	\$70,056	\$80,064	\$90,072	\$100,080
8	\$55,720	\$66,864	\$78,008	\$89,152	\$100,296	\$111,440
For each additional person over 8, add:	\$5,680	\$5,680	\$5,680	\$5,680	\$5,680	\$5,680

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