Big Sandy Medical Center

Sliding Fee Schedule

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Poverty Level | 100% | 125% | 150% | 175% | 200% | >200% |
| Family Size | 100 % Discount | 80% Discount | 60% Discount | 40% Discount | 20% Discount | 0% Discount |
| 1 | $12,880 | $16,100 | $19,320 | $22,540 | $25,760 | $25,761 + |
| 2 | $17,420 | $21,775 | $26,130 | $30,485 | $34,840 | $34,841 + |
| 3 | $21,960 | $27,450 | $32,940 | $38,430 | $43,920 | $43,921 + |
| 4 | $26,500 | $33,125 | $39,750 | $46,375 | $53,000 | $53,001 + |
| 5 | $31,040 | $38,800 | $46,560 | $54,320 | $62,080 | $62,081 + |
| 6 | $35,580 | $44,475 | $53,370 | $62,265 | $71,160 | $71,161 + |
| 7 | $40,120 | $50,150 | $60,180 | $70,210 | $80,240 | $80,241 + |
| 8 | $44,660 | $55,825 | $66,990 | $78,155 | $89,320 | $89,201 + |

For families/households with more than **8 persons add $4,540 for each** additional person.

Sliding Fee Schedule is based on the 2021 Federal Poverty Guidelines published in the Federal Register January 13, 2021. <http://aspe.hhs.gov/povertyguidelines>