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>