



## FPL Guidelines with Sliding Fee Schedule

### 2022 FEDERAL HHS POVERTY GUIDELINES [48 States]

		Monthly Income Thresholds by Sliding Fee and Discount Pay Class and Percent Poverty (At or Below FPL %)			
Poverty Level		100%	133%	150%	200%
		Sliding Fee Discount			
Family Size	Annual Income	No Fee	\$35	\$45	\$55
1	\$13,590	\$1,133	\$1,506	\$1,699	\$2,265
2	\$18,310	\$1,526	\$2,029	\$2,289	\$3,052
3	\$23,030	\$1,919	\$2,552	\$2,879	\$3,838
4	\$27,750	\$2,313	\$3,076	\$3,469	\$4,625
5	\$32,470	\$2,706	\$3,599	\$4,059	\$5,412
6	\$37,190	\$3,099	\$4,122	\$4,649	\$6,198
7	\$41,910	\$3,493	\$4,645	\$5,239	\$6,985
8	\$46,630	\$3,886	\$5,168	\$5,829	\$7,772
For each additional person add	\$4,720				

Reference: Federal Register, January 21, 2022

<https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines>

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

### SLIDING FEE SCHEDULE BY INCOME RANGE (0-200%)

\*Includes Emergency, Inpatient, Outpatient, Specialty, and Dental Services