

Aspire Indiana Health, Inc.

Sliding Fee Discount Schedule* 2021

MEDICAL AND BEHAVIORAL HEALTH - FQHC

ANNUAL INCOME

Number in Household	Income Measure	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>	<u>Plan 5</u>
		0-100%	101-150%	151-185%	186-200%	> 200%
1	Annual	\$0 - \$12,880	\$12,881 - \$19,320	\$19,321 - \$23,828	\$23,829 - \$25,760	over \$25,760
2	Annual	\$0 - \$17,420	\$17,421 - \$26,130	\$26,131 - \$32,227	\$32,228 - \$34,840	over \$34,840
3	Annual	\$0 - \$21,960	\$21,961 - \$32,940	\$32,941 - \$40,626	\$40,627 - \$43,920	over \$43,920
4	Annual	\$0 - \$26,500	\$26,501 - \$39,750	\$39,751 - \$49,025	\$49,026 - \$53,000	over \$53,000
5	Annual	\$0 - \$31,040	\$31,041 - \$46,560	\$46,561 - \$57,424	\$57,425 - \$62,080	over \$62,080
6	Annual	\$0 - \$35,580	\$35,581 - \$53,370	\$53,371 - \$65,823	\$65,824 - \$71,160	over \$71,160
7	Annual	\$0 - \$40,120	\$40,121 - \$60,180	\$60,181 - \$74,222	\$74,223 - \$80,240	over \$80,240
8	Annual	\$0 - \$44,660	\$44,661 - \$66,990	\$66,991 - \$82,621	\$82,622 - \$89,320	over \$89,320
each additional family member over 8		\$4,540	\$6,810	\$8,399	\$9,080	over \$9,080
% of Federal Poverty Income Guidelines		< = 100%	101-150%	151-185%	186-200%	> 200%
Point of Service Fee		\$10/service	\$35/service	\$45/service	\$55/service	full fee
Group Services		\$10/service	\$15/service	\$20/service	\$25/service	full fee

**Individuals will not be denied services based on ability to pay*

*Based upon 2021 FPL