

Aspire Indiana Health, Inc.

Sliding Fee Discount Schedule* 2023

BEHAVIORAL HEALTH - CMHC

ANNUAL INCOME

Number in Household	Income Measure	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
		0-100%	101-150%	151-185%	186-200%	> 200%
1	Annual	\$0 - \$14,580	\$14,581 - \$21,870	\$21,871 - \$26,973	\$26,974 - \$29,160	over \$29,160
2	Annual	\$0 - \$19,720	\$19,721 - \$29,580	\$29,581 - \$36,482	\$36,483 - \$39,440	over \$39,440
3	Annual	\$0 - \$24,860	\$24,861 - \$37,290	\$37,291 - \$45,991	\$45,992 - \$49,720	over \$49,720
4	Annual	\$0 - \$30,000	\$30,001 - \$45,000	\$45,001 - \$55,500	\$55,501 - \$60,000	over \$60,000
5	Annual	\$0 - \$35,140	\$35,141 - \$52,710	\$52,711 - \$65,009	\$65,010 - \$70,280	over \$70,280
6	Annual	\$0 - \$40,280	\$40,281 - \$60,420	\$60,421 - \$74,518	\$74,519 - \$80,560	over \$80,560
7	Annual	\$0 - \$45,420	\$45,421 - \$68,130	\$68,131 - \$84,027	\$84,028 - \$90,840	over \$90,840
8	Annual	\$0 - \$50,560	\$50,561 - \$75,840	\$75,841 - \$93,536	\$93,537 - \$101,120	over \$101,120
each additional family member over 8		\$5,140	\$7,710	\$9,509	\$10,280	over \$10,280

% 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 2023 FPL