

**Manet Community Health Center  
Sliding Fee Scale  
FPL Effective January 1, 2023**

Family Size		Federal Sliding Fee Discount							
		Low Income Sliding Fee Discount				Partial Sliding Fee Discount			
		100%	100.1 - 133% range		133.1 - 150% range		150.1 - 185% range		185.1 - 200% range
1	\$14,580	14,581	19,391	19,392	21,870	21,871	26,973	26,974	29,160
2	\$19,720	19,721	26,228	26,229	29,580	29,581	36,482	36,483	39,440
3	\$24,860	24,861	33,064	33,065	37,290	37,291	45,991	45,992	49,720
4	\$30,000	30,001	39,900	39,901	45,000	45,001	55,500	55,501	60,000
5	\$35,140	35,141	46,736	46,737	52,710	52,711	65,009	65,010	70,280
6	\$40,280	40,281	53,572	53,573	60,420	60,421	74,518	74,519	80,560
7	\$45,420	45,421	60,409	60,410	68,130	68,131	84,027	84,028	90,840
8	\$50,560	50,561	67,245	67,246	75,840	75,841	93,536	93,537	101,120
Each Add'l Person	5,140		6,836		7,710		9,509		10,280

<b>Nominal Charge to Patient</b>	<b>\$0</b>	<b>\$10</b>	<b>\$17</b>	<b>\$33</b>	<b>\$33</b>
<b>Same Day Pmt Incentive</b>	<b>\$0</b>	<b>\$9</b>	<b>\$15</b>	<b>\$30</b>	<b>\$30</b>

**Pharmacy**

0% - 200%

Cost of prescription

