

**Manet Community Health Center
Sliding Fee Scale
FPL Effective January 1, 2024**

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	15,060	15,061	20,030	20,031	22,590	22,591	27,861	27,862	30,120
2	20,440	20,441	27,185	27,186	30,660	30,661	37,814	37,815	40,880
3	25,820	25,821	34,341	34,342	38,730	38,731	47,767	47,768	51,640
4	31,200	31,201	41,496	41,497	46,800	46,801	57,720	57,721	62,400
5	36,580	36,581	48,651	48,652	54,870	54,871	67,673	67,674	73,160
6	41,960	41,961	55,807	55,808	62,940	62,941	77,626	77,627	83,920
7	47,340	47,341	62,962	62,963	71,010	71,011	87,579	87,580	94,680
8	52,720	52,721	70,118	70,119	79,080	79,081	97,532	97,533	105,440
Each Add'l Person	5,350		7,116		8,025		9,898		10,700
Nominal Charge to Patient:	\$0		\$10		\$17		\$33		\$33
Same Day Pmt Incentive	\$0		\$9		\$15		\$30		\$30

Pharmacy
0% - 200%

Cost of prescription