

**Manet Community Health Center
Sliding Fee Scale
FPL Effective January 1, 2025**

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	\$15,650	15,651	20,815	20,816	23,475	23,476	28,953	28,954	31,300
2	\$21,150	21,151	28,130	28,131	31,725	31,726	39,128	39,129	42,300
3	\$26,650	26,651	35,445	35,446	39,975	39,976	49,303	49,304	53,300
4	\$32,150	32,151	42,760	42,761	48,225	48,226	59,478	59,479	64,300
5	\$37,650	37,651	50,075	50,076	56,475	56,476	69,653	69,654	75,300
6	\$43,150	43,151	57,390	57,391	64,725	64,726	79,828	79,829	86,300
7	\$48,650	48,651	64,705	64,706	72,975	72,976	90,003	90,004	97,300
8	\$54,150	54,151	72,020	72,021	81,225	81,226	100,178	100,179	108,300
Each Add'l Person	5,140	6,836		7,710		9,509		10,280	

Nominal Charge to					
Patient:	\$0	\$10	\$17	\$33	\$33
Same Day Pmt Incentive	\$0	\$9	\$15	\$30	\$30

Pharmacy

0% - 200%

Cost of prescription