

ISLAND HEALTH CARE CHC 2023 SLIDING FEE SCALE AND HEALTH SAFETY NET (HSN) DEDUCTIBLE

Per Visit Sliding Fee:	At or <100% Fed Pov Level Sliding Nominal Fee: \$5.00	<125% Fed Pov Level Sliding Fee: \$8.00	<150% Fed Pov Level Sliding Fee: \$10.00	<175% Fed Pov Level Sliding Fee: \$15.00	<200% Fed Pov Level Sliding Fee: \$20.00	Partial HSN <300% Fed Pov Level Sliding Fee: Unavailable	
HSN Co-Payment:	<i>Full HSN/No Deductible</i>		<i>Full HSN/No Deductible</i>	<i>Full HSN/No Deductible</i>	<i>Partial HSN/ Deductible May Apply</i>	<i>Partial HSN/ Deductible May Apply</i>	<i>Partial HSN/Deductible Applies. HSN Co-pay \$26.00 until deductible is \$0</i>
FAMILY SIZE	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	ANNUAL FAMILY INCOME	
1	\$14,580	\$18,225.00	\$21,870.00	\$25,515.00	\$29,160.00	\$43,740.00	
2	\$19,720	\$24,650.00	\$29,580.00	\$34,510.00	\$39,440.00	\$59,160.00	
3	\$24,860	\$31,075.00	\$37,290.00	\$43,505.00	\$49,720.00	\$74,580.00	
4	\$30,000	\$37,500.00	\$45,000.00	\$52,500.00	\$60,000.00	\$90,000.00	
5	\$35,140	\$43,925.00	\$52,710.00	\$61,495.00	\$70,280.00	\$105,420.00	
6	\$40,280	\$50,350.00	\$60,420.00	\$70,490.00	\$80,560.00	\$120,840.00	
7	\$45,420	\$56,775.00	\$68,130.00	\$79,485.00	\$90,840.00	\$136,260.00	
8	\$50,560	\$63,200.00	\$75,840.00	\$88,480.00	\$101,120.00	\$151,680.00	

For families/households with more than 8 persons, add \$5,140 for each additional person.