

CCHC Sliding Fee Program
Schedule of Fees
Primary Care

Annual Income Thresholds by Percentage of Poverty

Category	A	B	C	D	E	F
	At or below 100%	101%-125%	126%-150%	151% - 175%	176% - 200%	Over 200%
Nominal Fees	\$ 25.00	\$ 35.00	\$ 50.00	\$ 65.00	\$ 75.00	No discount
Family Size						
1	\$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921
2	\$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281
3	\$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641
4	\$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001
5	\$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361
6	\$44,360	\$44,361 - \$55,450	\$54,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721
7	\$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081
8	\$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441
9	\$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$107,450	\$107,451 - \$122,800	\$122,801
10	\$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$117,390	\$117,391 - \$134,160	\$134,161
For each additional person add:	\$5,680	\$7,100	\$8,520	\$9,940	\$11,360	

Based on 2026 Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>