G. A. Carmichael Family Health Center, Inc. 03/01/2024 to 02-29-2025 Annual Income Thresholds

Tier	Ryan White Slide A		Slide A		Slide B		Slide C		Slide D		Slide E		Slide F (Ryan White Only)		l Slida G	Slide H (Ryan White Only)
% of Poverty Level	At or below 100%		At or below 100%		101%-125%		126%-150%		151%-175%		176%-200%		201%-250%		Over 200%	Over 250%
Pharmacy	\$0 (Nominal Fee)		\$5 (Nominal Fee)		\$7		\$9		\$11		\$15		\$15		No Discount	No discount
Family Size	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Above
1	\$0	\$15,060	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	\$37,650	\$30,121	\$37,650
2	\$0	\$20,440	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	\$51,100	\$40,881	\$51,100
3	\$0	\$25,820	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	\$64,550	\$51,641	\$64,550
4	\$0	\$31,200	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	\$78,000	\$62,401	\$78,000
5	\$0	\$36,580	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	\$91,450	\$73,161	\$91,450
6	\$0	\$41,960	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	\$104,900	\$83,921	\$104,900
7	\$0	\$47,340	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	\$118,350	\$94,681	\$118,350
8	\$0	\$52,720	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	\$131,800	\$105,441	\$131,800
For each additional person, add	\$5,380		\$5,380													

*This is the sliding fee schedule according to the 2024 HHS Poverty Guidelines.

https://aspe.hhs.gov/poverty-guidelines

Dispensing FEE + Cost of Medication = Total Charge for Prescription

To qualify for a discount on the dispense fee, patients must have an active Sliding Fee Discount Application on file with proof of income documented in the clinic. Please check with the clinic to be sure your Sliding Fee Application is current.

^{**} The nominal fee will be assessed periodically by the Board to ensure the fee is not a barrier to care.**