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) |  | Slide 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 <br> additional person, add | \$5,3 |  | \$5,3 |  |  |  |  |  |  |  |  |  |  |  |  |  |

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.

