

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

SLIDING FEE DISCOUNT SCHEDULE

2025 FEDERAL INCOME POVERTY LEVEL GUIDELINES

48 States, Ex. AK & HI

	Coverable by Federal Grant Resources*				
		125%	150%	175%	200%
	100%	101-125%	126-150%	151-175%	176-200%
	Slide A	Slide B	Slide C	Slide D	Slide E
SIZE OF FAMILY UNIT	Maximum Annual Income Level Sliding Fee Discount Program				
1	\$15,650	\$18,825	\$22,590	\$26,355	\$30,120
2	\$21,150	\$25,550	\$30,660	\$35,770	\$40,880
3	\$26,650	\$32,275	\$38,730	\$45,185	\$51,640
4	\$32,150	\$39,000	\$46,800	\$54,600	\$62,400
5	\$37,650	\$45,725	\$54,870	\$64,015	\$73,160
6	\$43,150	\$52,450	\$62,940	\$73,430	\$83,920
7	\$48,650	\$59,175	\$71,010	\$82,845	\$94,680
8	\$54,150	\$65,900	\$79,080	\$92,260	\$105,440
For each person, add:	\$5,500	\$6,725	\$8,070	\$9,415	\$10,760
Discount Allowed	100%	80%	60%	40%	20%
Charge to Patient	\$0.00	20%	40%	60%	80%
Coverable by State Health Safety Net (HSN)**					
<u>HSN Primary & Secondary</u>					
SIZE OF FAMILY UNIT	Maximum Annual Income Level				
	Up to 150%	200%	225%	275%	300%
1	\$21,876	\$29,160	\$33,885	\$41,415	\$43,740
2	\$29,580	\$39,444	\$45,990	\$56,210	\$59,160
3	\$37,296	\$49,728	\$58,095	\$71,005	\$74,580
4	\$45,000	\$60,000	\$70,200	\$85,800	\$90,000
5	\$52,716	\$70,284	\$82,305	\$100,595	\$105,420
6	\$60,420	\$80,568	\$94,410	\$115,390	\$120,480
7	\$68,136	\$90,840	\$106,515	\$130,185	\$136,260
8	\$75,840	\$101,124	\$118,620	\$144,980	\$151,680
For each person, add:	\$7,716	\$10,284	\$12,852	\$14,136	\$15,420

Policy and Procedure:

* "Sliding Fee Scale" (SFS) is used by the federal Section 330 program to allow for discounts to patients with incomes below or at 200% of the Federal Poverty Level(FPL). **The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG).**

** MA Health Safety Net Office (HSN) for discounts to eligible patients with incomes below or at 300% of the FPL. [per 101 CMR 613.00 (formerly 114.6 CMR 13.00) and 101 CMR 614.00 (formerly 114.6 CMR 14.00)]

Source: <https://aspe.hhs.gov/sites/default/files/documents/8aa67da24fa1e8cebfe5c144d9fe2532/detailed-guidelines-2024.xlsx>

Source: : <http://aspe.hhs.gov/poverty>