

ATCHISON COMMUNITY HEALTH CLINIC - 2020 SLIDING FEE SCALE

Poverty Guidelines - 2020 Annual Yearly Income				
Family Size	100% or below Poverty Level	101% - 150% Poverty Level	151% - 200% Poverty Level	Above 200% Poverty Level
	SLIDE A	SLIDE B	SLIDE C	SLIDE D
	\$15.00 Copay	\$30.00 Copay	\$40.00 Copay	Full Fee
	Labs - 75% Discount	Labs - 50% Discount	Labs - \$25% Discount	Labs - Full Fee
1	\$12,760	\$12,761 - \$19,140	\$19,141 - \$25,520	\$25,521
2	\$17,240	\$17,241 - \$25,860	\$25,861 - \$34,480	\$34,481
3	\$21,720	\$21,721 - \$32,580	\$32,581 - \$43,440	\$43,441
4	\$26,200	\$26,201 - \$39,300	\$39,301 - \$52,400	\$52,401
5	\$30,680	\$30,681 - \$46,020	\$46,021 - \$61,360	\$61,361
6	\$35,160	\$35,161 - \$52,740	\$52,741 - \$70,320	\$70,321
7	\$39,640	\$39,641 - \$59,460	\$59,461 - \$79,280	\$79,281
8	\$44,120	\$44,121 - \$66,180	\$66,181 - \$88,240	\$88,241
9	\$48,600	\$48,601 - \$72,900	\$72,901 - \$97,200	\$97,201
10	\$53,080	\$53,081 - \$79,620	\$79,621 - \$106,160	\$106,161

For family units of more than 8 members, add \$4,480 for each additional person.