## Core Health Sliding Fee Schedule (SFS):

| Poverty Level* | At or Below 100\% | At or Below 125\% | At or Below 150\% | At or Below 175\% | At or Below 200\% | Above 200\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | $0-\$ 14,580$ | \$14,581-\$18,225 | \$18,226-\$21,870 | \$21,871-\$25,515 | \$25,516-\$29,160 | \$29,161+ |
| 2 | 0-\$19,720 | \$19,721-\$24,650 | \$24,651-\$29,580 | \$29,581-\$34,510 | \$34,515-\$39,440 | \$39,441+ |
| 3 | 0-\$24,860 | \$24,861-\$31,075 | \$31,076-\$37,290 | \$37,291-\$43,505 | \$43,506-\$49,720 | \$49,721+ |
| 4 | 0-\$30,000 | \$30,001-\$37,500 | \$37,501-\$45,000 | \$45,001-\$52,500 | \$52,501-\$60,000 | \$60,001+ |
| 5 | 0-\$35,140 | \$35,141-\$43,925 | \$43,926-\$52,170 | \$52,171-\$61,495 | \$61,496-\$70,280 | \$70,281+ |
| 6 | 0-\$40,280 | \$40,281-\$50,350 | \$50,351-\$60,420 | \$60,421-\$70,490 | \$70,490-\$80,560 | \$80,561+ |
| 7 | 0-\$45,420 | \$45,421-\$56,775 | \$56,776-\$68,130 | \$68,131-\$79,485 | \$79,486-\$90,840 | \$90,841+ |
| 8 | 0 - \$50,560 | \$50,560-\$63,200 | \$63,201-\$75,840 | \$75,841-\$88,480 | \$88,481-\$101,120 | \$101,121+ |
| Family each additional person, add | \$5,140 | \$6,425 | \$7,710 | \$8,995 | \$10,280 | \$10,281+ |

Based on 2023 Federal Poverty Guidelines

| Sliding Fee Scales |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | At or Below 100\% | At or Below 125\% | At or Below 150\% | $\begin{gathered} \text { At or Below } \\ 175 \% \end{gathered}$ | At or Below 200\% | Above 200\% |
|  | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 5 |  |
| Individual Assessment*, Counseling* \& Peer Support* | Nominal Fee: \$10 | 7\% Pay | 10\% Pay | 15\% Pay | 20\% Pay | Full fee; if unable to pay contact supervisor. |
| Psychiatric Assessment***, Evaluation \& Management** | Nominal Fee: \$20 | 7\% Pay | 10\% Pay | 15\% Pay | 20\% Pay | Full fee; if unable to pay contact supervisor. |
| Group Services | Nominal Fee: \$5 | \$10 | \$15 | \$20 | \$25 | Full fee; if unable to pay contact supervisor. |

The costs in the table below are meant as guidance only and do not represent actual costs due to the variety of services and units utilized.

| ${ }^{*}$ Typical Costs for 1 hour Service | $\$ 10$ | $\$ 14$ | $\$ 20$ | $\$ 30$ | $\$ 4$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ${ }^{* * *}$ Typical Cost per Psychiatric | $\$ 20$ | $\$ 34$ | $\$ 49$ | $\$ 79$ | $\$ 98$ |  |
| Assessment |  |  |  |  |  |  |
| ${ }^{* *}$ Typical cost per E\&M Follow Up | $\$ 20$ | $\$ 28$ | $\$ 40$ | $\$ 61$ | $\$ 81$ |  |

