



**SLIDING FEE SCALE**

Based on Annual Household Income and Size

Household Members	Pay Nominal Fee: Medical/BH - \$20 Per Visit Dental - \$20 Per Procedure RISE Sub Oxone - \$80 Per Visit (100% Adjustment)	Pay 25% (75% Adjustment)	Pay 50% (50% Discount)	Pay 75% (25% Discount)	Pay 100% (0% Discount)
1	0 - \$12,760	\$12,761 - \$15,950	\$15,951 - \$19,140	\$19,141 - \$25,520	\$25,521
2	0 - \$17,240	\$17,241 - \$21,550	\$21,551 - \$25,860	\$25,861 - \$34,480	\$34,481
3	0 - \$21,720	\$21,721 - \$27,150	\$27,151 - \$32,580	\$32,581 - \$43,440	\$43,441
4	0 - \$26,200	\$26,201 - \$32,750	\$32,751 - \$39,300	\$39,301 - \$52,400	\$52,401
5	0 - \$30,680	\$30,681 - \$38,350	\$38,351 - \$46,020	\$46,021 - \$61,360	\$61,361
6	0 - \$35,160	\$35,161 - \$43,950	\$43,951 - \$52,740	\$52,741 - \$70,320	\$70,321
7	0 - \$39,640	\$39,641 - \$49,550	\$49,551 - \$59,460	\$59,461 - \$79,280	\$79,281
8	0 - \$44,120	\$44,120 - \$55,150	\$55,151 - \$66,180	\$66,181 - \$88,240	\$88,241

For household with more than 8 members, add \$4,480 for each additional member.

**Definitions:**

*Household* - A private residence including the members of the family living therein and/or unrelated individuals living in the same residence and sharing common living areas. (Definition adapted by the State of Ohio Medicaid laws)

*Income* - Total cash receipts, before taxes, from all sources including: Wages, Unemployment, Workers Compensation, Public Assistance, Retirement, SSI/SSD, Child Support/Alimony, CFSA Stipend, Federal Foster Care Payments, Military, and Veterans.

**No one will be denied standard medical, behavioral health, and dental services due to inability to pay**

Effective March 2, 2020