



SLIDING FEE SCALE

Effective March 1, 2024

Based on Annual Household Income and Size

Household Members	Nominal Fee (100% Adjustment)	Pay 25% (75% Adjustment)	Pay 50% (50% Adjustment)	Pay 75% (25% Adjustment)	Pay 100% (0% adjustment)
1	0-\$15,060	\$15,061-\$18,825	\$18,826-\$22,590	\$22,591-\$30,120	\$30,121
2	0-\$20,440	\$20,441-\$25,550	\$25,551-\$30,660	\$30,661-\$40,880	\$40,881
3	0-\$25,820	\$25,821-\$32,275	\$32,276-\$38,730	\$38,731-\$51,640	\$51,641
4	0-\$31,200	\$31,201-\$39,001	\$39,002-\$46,800	\$46,801-\$62,400	\$62,401
5	0-\$36,580	\$36,581-\$45,725	\$45,726-\$54,870	\$54,871-\$73,160	\$73,161
6	0-\$41,960	\$41,961-\$52,450	\$52,451-\$62,940	\$62,941-\$83,920	\$83,921
7	0-\$47,340	\$47,341-\$59,175	\$59,176-\$71,010	\$71,011-\$94,680	\$94,681
8	0-\$52,720	\$52,721-\$65,900	\$65,901-\$79,080	\$79,081-\$105,440	\$105,441

For household with more than 8 members, add \$5,380 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 medical, behavioral health, and dental services due to inability to pay.

Reference: Annual adjustment based upon 2024 federal poverty guidelines