



# SLIDING FEE SCALE

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-\$15,650	\$15,651-\$19,562	\$19,563-\$23,475	\$23,476-\$31,300	\$31,301
2	0-\$21,150	\$21,151-\$26,437	\$26,438-\$31,725	\$31,726-\$42,300	\$42,301
3	0-\$26,650	\$26,651-\$33,312	\$33,313-\$39,975	\$39,976-\$53,300	\$53,301
4	0-\$32,150	\$32,151-\$40,187	\$40,188-\$48,225	\$48,226-\$63,300	\$63,301
5	0-\$37,650	\$37,651-\$47,602	\$47,603-\$56,475	\$56,476-\$75,300	\$75,301
6	0-\$43,150	\$43,151-\$53,937	\$53,938-\$64,725	\$64,726-\$86,300	\$86,301
7	0-\$48,650	\$48,651-\$60,812	\$60,813-\$72,975	\$72,976-\$97,300	\$97,301
8	0-\$54,150	\$54,151-\$67,687	\$67,688-\$81,225	\$81,226-\$108,300	\$108,301

For household with more than 8 members, add \$5,500 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 2025 federal poverty guidelines*