

Blessing Community Health Center

Medical/Dental/Behavioral Sliding Scale-2024					
	A	B	C	D	E
Poverty Level:	>100%	101-150%	151-175%	176-200%	>200%
	Nominal Fee: \$25	\$30	\$35	\$40	Full Charge
Annual Income Thresholds by Percentage of Poverty					
Family Size	\$0-15,060	\$15,061-22,590	\$22,591-26,355	\$26,356-30,120	>\$30,121
1					
2	\$0-20,440	\$20,441-30,660	\$30,661-35,770	\$35,771-40,880	>\$40,881
3	\$0-25,820	\$25,821-38,730	\$38,731-45,185	\$45,186-51,640	>\$51,641
4	\$0-31,200	\$31,201-46,800	\$46,801-54,600	\$54,601-62,400	>\$62,401
5	\$0-36,580	\$36,581-54,870	\$54,871-64,015	\$64,016-73,160	>\$73,161
6	\$0-41,960	\$41,961-62,940	\$62,941-73,430	\$73,431-83,920	>\$83,921
7	\$0-47,340	\$47,340-71,010	\$71,011-82,845	\$82,846-94,680	>\$94,681
8	\$0-52,720	\$52,721-79,080	\$79,081-92,260	\$92,261-105,440	>\$105,441
<p>For families with more than 8 persons, add \$5,380 for each additional person Based on 2024 Federal Poverty Guidelines: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</p>					