

Blessing Community Health Center

Medical/Dental/Behavioral Sliding Scale-2025					
	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 1	\$0-15,650	\$15,651-23,475	\$23,476-27,387.50	\$27,387.51-31,300	>\$31,301
2	\$0-21,150	\$21,151-31,725	\$31,726-35,012.50	\$35,012.51-42,300	>\$42,301
3	\$0-26,650	\$26,651-39,975	\$39,976-46,637.50	\$46,637.51-53,300	>\$53,301
4	\$0-32,150	\$32,151-48,225	\$48,226-56,262.50	\$56,262.51-64,300	>\$64,301
5	\$0-37,650	\$36,651-56,475	\$56,475-65,887.50	\$65,887.51-75,300	>\$75,301
6	\$0-43,150	\$43,151-64,725	\$64,726-75,512.50	\$75,512.51-86,300	>\$86,301
7	\$0-48,650	\$48,651-72,975	\$72,976-85,137.50	\$85,137.51-97,300	>\$97,301
8	\$0-54,150	\$54,151-81,225	\$81,226-94,762.50	\$94,762.51-108,300	>\$108,301
For families with more than 8 persons, add \$5,500 for each additional person Based on 2025 Federal Poverty Guidelines: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines					