

Blessing Community Health Center

Medical/Dental/Behavioral Sliding Scale-2026					
	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	\$0-15,960	\$15,961-23,940	\$23,941- 27,930	\$27,931-31,920	>\$31,921
2	\$0-21,640	\$21,641-32,460	\$32,461- 37,870	\$37,871-43,280	>\$43,281
3	\$0-27,320	\$27,321-40,980	\$40,981- 47,810	\$47,811-54,640	>\$54,641
4	\$0-33,000	\$33,001-49,500	\$49,501- 57,750	\$57,751-66,000	>\$66,001
5	\$0-38,680	\$38,681-58,020	\$58,021- 67,690	\$67,691-77,360	>\$77,361
6	\$0-44,360	\$44,361-66,540	\$66,541- 77,630	\$77,631-88,720	>\$88,721
7	\$0-50,040	\$50,041-75,060	\$75,061- 87,570	\$87,571- 100,080	>\$100,081
8	\$0-55,720	\$55,721-83,580	\$83,581- 97,510	\$97,511- 111,440	>\$111,441
For families with more than 8 persons, add \$5,680.00 for each additional person					
Based on 2026 Federal Poverty Guidelines: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines					