2023 WHN Sliding-Fee-Scale Program - All In-Scope Services

Sliding Fee Scale Eligibility

Family Size *	Income Presented	Level A (< 100%) Less than	Level B (101% - 149%) Minimum	-	Maximum	Level C (150% - 174%) Minimum	-	Maximum	Level D (175% - 200%) Minimum	-	Maximum	Level E >200% Minimum
1	Annual	$14,580	$14,581	to	$21,870	$21,871	to	$25,515	$25,516	to	$29,160	$29,161
2	Annual	$19,720	$19,721	to	$29,580	$29,581	to	$34,510	$34,511	to	$39,440	$39,441
3	Annual	$24,860	$24,861	to	$37,290	$37,291	to	$43,505	$43,506	to	$49,720	$49,721
4	Annual	$30,000	$30,001	to	$45,000	$45,001	to	$52,500	$52,501	to	$60,000	$60,001
5	Annual	$35,140	$35,141	to	$52,710	$52,711	to	$61,495	$61,496	to	$70,280	$70,281
6	Annual	$40,280	$40,281	to	$60,420	$60,421	to	$70,490	$70,491	to	$80,560	$80,561
7	Annual	$45,420	$45,421	to	$68,130	$68,131	to	$79,485	$79,486	to	$90,840	$90,841
8	Annual	$50,560	$50,561	to	$75,839	$75,840	to	$88,479	$88,480	to	$101,120	$101,121

* - Add $5,140 for each additional person

SFS Discounted Patient Fees

	Level A	Level B	Level C	Level D	Level E
MEDICAL Patient Pays	$20.00	25%	50%	75%	100.0%
Dental Patient Pays	$20.00	25%	50%	75%	100.0%
Behavioral Patient Pays	$10.00	25%	50%	75%	100.0%
SUD - MAT	45%	50%	55%	60%	100.0%
Vivitrol	$776.00	$863.00	$949.00	$1,035.00	$1,725.00
IUDs / Nexplanon	50%	55%	70%	85%	100.0%
Kyleena	$575.00	$633.00	$805.00	$978.00	$1,150.00
Skyla	$525.00	$578.00	$735.00	$893.00	$1,050.00
Paragard	$300.00	$330.00	$420.00	$510.00	$600.00
Liletta	$413.00	$454.00	$578.00	$701.00	$825.00
Mirena	$563.00	$619.00	$788.00	$956.00	$1,125.00
Nexplanon	$550.00	$605.00	$770.00	$935.00	$1,100.00
Prenatal Ultrasounds	$45.00	$50.00	$55.00	$75.00	$200-$310

HOW TO USE THIS SCALE:

(1) Determine the number of members in a Family Unit.

(2) Determine ALL income supporting the family + ALL sources of income (i.e., paystubs, alimony, social security, retirement, etc.)

(3) Find the number of family members in Column 1 ("Size of Family Unit").