2025 WHN Sliding-Fee-Scale Program

Sliding Fee Scale Eligibility												
Level A		Level B		Level C		Level D		Level E				
		(≤ 100%)	(101% - 149%)		(150% - 174%)		(175% - 200%)		>200%			
Family Size *	Income Presented	Less than	Minimum	-	Maximum	Minimum	-	Maximum	Minimum	-	Maximum	Minimum
1	Annual	\$15,650	\$15,651	to	\$23,475	\$23,476	to	\$27,387	\$27,388	to	\$31,300	\$31,301
2	Annual	\$21,150	\$21,151	to	\$31,725	\$31,726	to	\$37,012	\$37,013	to	\$42,300	\$42,301
3	Annual	\$26,650	\$26,651	to	\$39,975	\$39,976	to	\$46,637	\$46,638	to	\$53 <i>,</i> 300	\$53,301
4	Annual	\$32,150	\$32,151	to	\$48,225	\$48,226	to	\$56,262	\$56,263	to	\$64,300	\$64,301
5	Annual	\$37,650	\$37,651	to	\$56,475	\$56,476	to	\$65,887	\$65,888	to	\$75 <i>,</i> 300	\$75,301
6	Annual	\$43,150	\$43,151	to	\$64,725	\$64,726	to	\$75,512	\$75,513	to	\$86,300	\$86,301
7	Annual	\$48,650	\$48,651	to	\$72,975	\$72,976	to	\$85,137	\$85,138	to	\$97 <i>,</i> 300	\$97 <i>,</i> 301
8	Annual	\$54,150	\$54,151	to	\$81,224	\$81,225	to	\$94,762	\$94,763	to	\$108,300	\$108,301

* - Add \$5,500 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%				
DENTAL Patient Pays	\$20.00	25%	50%	75%	100%				
BEHAVIORAL Patient Pays	\$10.00	25%	50%	75%	100%				

SFS Discounted Supplies & Additional Services									
	Level A	Level B	Level C	Level D	Level E				
SUD - MAT	45%	50%	55%	60%	100%				
Vivitrol	\$776.00	\$863.00	\$949.00	\$1,035.00	\$1,725.00				
IUDs / Nexplanon	50%	55%	70%	85%	100%				
Kyleena	\$575.00	\$632.50	\$805.00	\$977.50	\$1,150.00				
Skyla	\$575.00	\$632.50	\$805.00	\$977.50	\$1,150.00				
Paragard	\$550.00	\$605.00	\$770.00	\$935.00	\$1,100.00				
Liletta	\$413.00	\$454.00	\$578.00	\$701.00	\$825.00				
Mirena	\$563.00	\$619.00	\$788.00	\$956.00	\$1,125.00				
Nexplanon	\$575.00	\$632.50	\$805.00	\$977.50	\$1,150.00				
CCM / BHI Fees	10%	25%	50%	75%	100%				

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").

(4) Determine the range in which the patient's "Family Income" falls.

(5) The column in which the patient's "Family Income" falls indicates the percentage of Sliding Fee Scale discount.