

Jefferson Healthcare Sliding Fee Schedule 2019

Family Size	100% Federal Poverty Level										
	Over 400%										
1	\$12,490	\$0	-	\$24,980	\$24,981	-	\$37,470	\$37,471	-	\$49,960	\$49,961
2	\$16,910	\$0	-	\$33,820	\$33,821	-	\$50,730	\$50,731	-	\$67,640	\$67,641
3	\$21,330	\$0	-	\$42,660	\$42,661	-	\$63,990	\$63,991	-	\$85,320	\$85,321
4	\$25,750	\$0	-	\$51,500	\$51,501	-	\$77,250	\$77,251	-	\$103,000	\$103,001
5	\$30,170	\$0	-	\$60,340	\$60,341	-	\$90,510	\$90,511	-	\$120,680	\$120,681
6	\$34,590	\$0	-	\$69,180	\$69,181	-	\$103,770	\$103,771	-	\$138,360	\$138,361
7	\$39,010	\$0	-	\$78,020	\$78,021	-	\$117,030	\$117,031	-	\$156,040	\$156,041
8	\$43,430	\$0	-	\$86,860	\$86,861	-	\$130,290	\$130,291	-	\$173,720	\$173,721
Percent Reduction	100% Reduction				75% Reduction			50% Reduction		0% Reduction	