2026 Medical/Behavioral Health Sliding Discount Fee Schedule

Family Size	Level 1	Level 2	Level 3	Level 4	Level 5	Full Fee, No Discount
1	$0–$15,960	$15,960–$19,950	$19,950–$23,940	$23,940–$27,930	$27,930–$31,920	>$31,920
2	$0–$21,640	$21,640–$27,050	$27,050–$32,460	$32,460–$37,870	$37,870–$43,280	>$43,280
3	$0–$27,320	$27,320–$34,150	$34,150–$40,980	$40,980–$47,810	$47,810–$54,640	>$54,640
4	$0–$33,000	$33,000–$41,250	$4,1,250–$49,500	$49,500–$57,750	$57,750–$66,000	>$66,000
5	$0–$38,680	$38,680–$48,350	$4 8,350–$58,020	$58,020–$67,690	$67,690–$77,360	>$77,360
6	$0–$44,360	$44,360–$55,450	$55,450–$66,540	$66,540–$77,630	$77,630–$88,720	>$88,720
7	$0–$50,040	$50,040–$62,550	$62,550–$75,060	$75,060–$87,570	$87,570–$100,080	>$100,080
8	$0–$55,720	$56,720–$69,650	$69,650–$83,580	$83,580–$97,510	$97,510–$111,440	>$111,440
	20%	**35%**	**50%**	**65%**	**80%**	**100%**