



METRO HEALTH

Multidisciplinary Integrated Healthcare

2019 Sliding Fee Schedule

Medical									
	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5 - No Discount
	0 - 100% of Federal Poverty Level (FPL)		101 - 138% of Federal Poverty Level (FPL)		139 - 150% of Federal Poverty Level (FPL)		151 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$6,245	\$12,490	\$12,491	\$17,486	\$17,487	\$22,482	\$22,483	\$24,980	\$24,981
2	\$8,455	\$16,910	\$16,911	\$23,674	\$23,675	\$30,438	\$30,439	\$33,820	\$33,821
3	\$10,665	\$21,330	\$21,331	\$29,862	\$29,863	\$38,394	\$38,395	\$42,660	\$42,661
4	\$12,875	\$25,750	\$25,751	\$36,050	\$36,051	\$46,350	\$46,351	\$51,500	\$51,501
5	\$15,085	\$30,170	\$30,171	\$42,238	\$42,239	\$54,306	\$54,307	\$60,340	\$60,341
6	\$17,295	\$34,590	\$34,591	\$48,426	\$48,427	\$62,262	\$62,263	\$69,180	\$69,181
7	\$19,505	\$39,010	\$39,011	\$54,614	\$54,615	\$70,218	\$70,219	\$78,020	\$78,021
8	\$21,715	\$43,430	\$43,431	\$60,802	\$60,803	\$78,174	\$78,175	\$86,860	\$86,861
Add for Each Additional Person	\$2,210		\$3,094		\$3,978		\$4,420		\$4,420
Patient Discount for Primary Care Services	100%		80%		50%		20%		No Discount/ Patient will be billed based on agency financial policies and procedures

Discount Schedule based on 2019 Federal Poverty Guidelines, found at ASPE.hhs.gov

In all cases, the **NO DISCOUNT** Level requires an initial fee. Patient will be balance billed for full charges.