



#Persons in Household	Household Income	From	Annual Income Not to Exceed											100% Full Pay		
			A < 100% of FPL		B 101%-125% of FPL		C 126%-150% of FPL		D 151%-175% of FPL		E 176%-200% of FPL				F Above 200%	
1	Annual	0 -	\$ 15,060	\$15,061	-	\$18,225	\$18,226	-	22,590	\$22,591	-	26,355	\$26,356	-	\$ 30,120	\$ 30,121
2	Annual	0 -	\$ 20,440	\$20,441	-	\$25,550	\$25,551	-	30,660	\$30,661	-	35,770	\$35,771	-	\$ 40,880	\$ 40,881
3	Annual	0 -	\$ 25,820	\$25,821	-	\$32,275	\$32,276	-	38,730	\$38,731	-	45,185	\$45,186	-	\$ 51,640	\$ 51,641
4	Annual	0 -	\$ 31,200	\$31,201	-	\$39,000	\$39,001	-	46,800	\$46,801	-	54,600	\$54,601	-	\$ 62,400	\$ 62,401
5	Annual	0 -	\$ 36,580	\$36,581	-	\$45,725	\$45,726	-	54,870	\$54,871	-	64,015	\$64,016	-	\$ 73,160	\$ 73,161
6	Annual	0 -	\$ 41,960	\$41,961	-	\$52,450	\$52,451	-	62,940	\$62,941	-	73,430	\$73,431	-	\$ 83,920	\$ 83,921
7	Annual	0 -	\$ 47,340	\$47,341	-	\$59,175	\$59,176	-	71,010	\$71,011	-	82,845	\$82,846	-	\$ 94,680	\$ 94,681
8	Annual	0 -	\$ 52,720	\$52,721	-	\$65,900	\$65,901	-	79,080	\$79,081	-	92,260	\$92,261	-	\$ 105,440	\$ 105,441
9	Annual	0 -	\$ 58,100	\$58,101	-	\$72,625	\$72,626	-	87,150	\$87,151	-	101,675	\$101,676	-	\$ 116,200	\$ 116,201
10	Annual	0 -	\$ 63,480	\$63,481	-	\$79,350	\$79,351	-	95,220	\$95,221	-	111,090	\$111,091	-	\$ 126,960	\$ 126,961
11	Annual	0 -	\$ 68,860	\$68,861	-	\$86,075	\$86,076	-	103,290	\$103,291	-	120,505	\$120,506	-	\$ 137,720	\$ 137,721
12	Annual	0 -	\$ 74,240	\$74,241	-	\$92,800	\$92,801	-	111,360	\$111,361	-	129,920	\$129,921	-	\$ 148,480	\$ 148,481

For each additional household member, add \$5,380 to the annual income.

2024 HHS Poverty Guidelines Effective January 16, 2024 - <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

	Nominal Fees	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	Sliding Fee Flat Rate	100% of charge
Office Visit/Telehealth/Ultrasound	\$20.00	\$25.00	\$30.00	\$55.00	\$70.00	100% of charge
Counseling Visit	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	100% of charge
Dietitian/Pharmacist	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	100% of charge
Smoking Cessation/Care Coordination	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	100% of charge

**Additional Fees**

All VFC Vaccines (admin fee)	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	100% of charge
Private Flu Vaccine	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	100% of charge
Private T-Dap (D-Tap)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	100% of charge
Depo-Prevera	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	100% of charge
Vivitrol	\$313.45	\$370.44	\$427.43	\$484.42	\$569.91	100% of charge

**LARC's w/Discounted**

	100% of Charge	A	B	C	D	E	F
Liletta	\$100.00	\$45.00	\$55.00	\$65.00	\$75.00	\$85.00	100% of charge
Paragard	\$296.00	\$133.20	\$162.80	\$192.40	\$222.00	\$251.60	100% of charge
Mirena	\$249.00	\$112.05	\$136.95	\$161.85	\$186.75	\$211.65	100% of charge
Nexplanon	\$420.00	\$189.00	\$231.00	\$273.00	\$315.00	\$357.00	100% of charge
Skyla	\$529.00	\$238.05	\$290.95	\$343.85	\$396.75	\$449.65	100% of charge
Kyleena	\$635.00	\$285.75	\$349.25	\$412.75	\$476.25	\$539.75	100% of charge
Insertion Fee Only	\$151.50	\$68.18	\$83.33	\$98.48	\$113.63	\$128.78	100% of charge
IUD Removal Only	\$191.50	\$86.18	\$105.33	\$124.48	\$143.63	\$162.78	100% of charge
LEEP	\$240.00	\$108.00	\$132.00	\$156.00	\$180.00	\$204.00	100% of charge

Board Approved: January 24, 2024



# Persons in Household	Household Income	From	Annual Income Not to Exceed												100% Full Pay	
			A < 100% of FPL		B 101%-125% of FPL		C 126%-150% of FPL		D 151%-175% of FPL		E 176%-200% of FPL		F Above 200%			
1	Annual	0 -	\$ 15,060	\$15,061	-	\$18,225	\$18,226	-	22,590	\$22,591	-	26,355	\$26,356	-	\$ 30,120	\$ 30,121
2	Annual	0 -	\$ 20,440	\$20,441	-	\$25,550	\$25,551	-	30,660	\$30,661	-	35,770	\$35,771	-	\$ 40,880	\$ 40,881
3	Annual	0 -	\$ 25,820	\$25,821	-	\$32,275	\$32,276	-	38,730	\$38,731	-	45,185	\$45,186	-	\$ 51,640	\$ 51,641
4	Annual	0 -	\$ 31,200	\$31,201	-	\$39,000	\$39,001	-	46,800	\$46,801	-	54,600	\$54,601	-	\$ 62,400	\$ 62,401
5	Annual	0 -	\$ 36,580	\$36,581	-	\$45,725	\$45,726	-	54,870	\$54,871	-	64,015	\$64,016	-	\$ 73,160	\$ 73,161
6	Annual	0 -	\$ 41,960	\$41,961	-	\$52,450	\$52,451	-	62,940	\$62,941	-	73,430	\$73,431	-	\$ 83,920	\$ 83,921
7	Annual	0 -	\$ 47,340	\$47,341	-	\$59,175	\$59,176	-	71,010	\$71,011	-	82,845	\$82,846	-	\$ 94,680	\$ 94,681
8	Annual	0 -	\$ 52,720	\$52,721	-	\$65,900	\$65,901	-	79,080	\$79,081	-	92,260	\$92,261	-	\$ 105,440	\$ 105,441
9	Annual	0 -	\$ 58,100	\$58,101	-	\$72,625	\$72,626	-	87,150	\$87,151	-	101,675	\$101,676	-	\$ 116,200	\$ 116,201
10	Annual	0 -	\$ 63,480	\$63,481	-	\$79,350	\$79,351	-	95,220	\$95,221	-	111,090	\$111,091	-	\$ 126,960	\$ 126,961
11	Annual	0 -	\$ 68,860	\$68,861	-	\$86,075	\$86,076	-	103,290	\$103,291	-	120,505	\$120,506	-	\$ 137,720	\$ 137,721
12	Annual	0 -	\$ 74,240	\$74,241	-	\$92,800	\$92,801	-	111,360	\$111,361	-	129,920	\$129,921	-	\$ 148,480	\$ 148,481
For each additional household member, add \$5,380 to the annual income.																
2024 HHS Poverty Guidelines Effective January 16, 2024 - <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a>																
			<b>Nominal Fees</b>	<b>Sliding Fee Flat Rate</b>		<b>Sliding Fee Flat Rate</b>		<b>Sliding Fee Flat Rate</b>		<b>Sliding Fee Flat Rate</b>		<b>Sliding Fee Flat Rate</b>				
	<b>Dental Office Visit</b>		\$40.00	\$45.00		\$50.00		\$70.00		\$90.00						100% of charge

Board Approved: February 28, 2024



**PHARMACY**

# Persons in Household	Household Income	From	Annual Income Not to Exceed												100% Full Pay	
			< 100% of FPL		101%-125% of FPL		126%-150% of FPL		151%-175% of FPL		176%-200% of FPL		Above 200%			
Slide Category		A	B		C		D		E		F					
1	Annual	0 -	\$15,060	\$15,061	-	\$18,225	\$18,226	-	\$22,590	\$22,591	-	\$26,355	\$26,356	-	\$30,120	\$30,121
2	Annual	0 -	\$20,440	\$20,441	-	\$22,550	\$25,551	-	\$30,660	\$30,661	-	\$35,770	\$35,771	-	\$40,880	\$40,881
3	Annual	0 -	\$25,820	\$25,821	-	\$32,275	\$32,276	-	\$38,730	\$38,731	-	\$45,185	\$45,186	-	\$51,640	\$51,641
4	Annual	0 -	\$31,200	\$31,201	-	\$39,000	\$39,001	-	\$46,800	\$46,801	-	\$54,600	\$54,601	-	\$62,400	\$62,401
5	Annual	0 -	\$36,580	\$36,581	-	\$45,725	\$45,726	-	\$54,870	\$54,871	-	\$64,015	\$64,016	-	\$73,160	\$73,161
6	Annual	0 -	\$41,960	\$41,961	-	\$52,450	\$52,451	-	\$62,940	\$62,941	-	\$73,430	\$73,431	-	\$83,920	\$83,921
7	Annual	0 -	\$47,340	\$47,341	-	\$59,175	\$59,176	-	\$71,010	\$71,011	-	\$82,845	\$82,846	-	\$94,680	\$94,681
8	Annual	0 -	\$52,720	\$52,721	-	\$65,900	\$65,901	-	\$79,080	\$79,081	-	\$92,260	\$92,261	-	\$105,440	\$105,441
9	Annual	0 -	\$58,100	\$58,101	-	\$72,625	\$72,626	-	\$87,150	\$87,151	-	\$101,675	\$101,676	-	\$116,200	\$116,201
10	Annual	0 -	\$63,480	\$63,481	-	\$79,350	\$79,351	-	\$95,220	\$95,221	-	\$111,090	\$111,091	-	\$126,960	\$126,961
11	Annual	0 -	\$68,860	\$68,861	-	\$86,075	\$86,076	-	\$103,290	\$103,291	-	\$120,505	\$120,506	-	\$137,720	\$137,721
12	Annual	0 -	\$74,240	\$74,241	-	\$92,800	\$92,801	-	\$111,360	\$111,361	-	\$129,920	\$129,921	-	\$148,480	\$148,481

For each additional household member, add \$5,380 to the annual income.

2024 HHS Poverty Guidelines Effective January 16, 2024 -<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

<b>Pharmacy</b>						
<u>30-day supply</u>	340B cost + \$5	340B cost + \$6	340B cost + \$7	340B cost + \$8	340B cost + \$9	340B cost + \$10
<b>Max Payment</b>	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	
<u>60-day supply</u>	340B cost + \$7	340B cost + \$8	340B cost + \$9	340B cost + \$10	340B cost + \$11	340B cost + \$12
<b>Max Payment</b>	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	
<u>90-day supply</u>	340B cost + \$10	340B cost + \$11	340B cost + \$12	340B cost + \$13	340B cost + \$14	340B cost + \$15
<b>Max Payment</b>	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	

\*Max copay limits do not apply to prescription fills >90 days. Copay is 340B cost + flat fee based on income.

Board Approved: February 28, 2024