



**2024 HRSA POVERTY GUIDELINES FOR SLIDING FEE SCALE**

[detailed-guidelines-2024.pdf \(hhs.gov\)](https://www.hhs.gov/detailed-guidelines-2024.pdf)

POVERTY LEVEL	DOLLARS PER YEAR				
	At or <100%	101-125%	126-150%	151-175%	176-200%
FAMILY SIZE	Category A	Category B	Category C	Category D	Category E
1	\$0 - \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120
2	\$0 - \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880
3	\$0 - \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640
4	\$0 - \$31,200	\$31,201 - \$39,000	\$39,901 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400
5	\$0 - \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160
6	\$0 - \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920
7	\$0 - \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680
8	\$0 - \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440
For family units with more than 8 persons, add \$6,725.42 for each additional member					
DENTAL AND BEHAVIORAL HEALTH SLIDING FEES					
FLAT FEE	\$10* Nominal	\$30	\$35	\$40	\$45

POVERTY LEVEL	DOLLARS PER MONTH				
	At or <100%	101-125%	126-150%	151-175%	176-200%
FAMILY SIZE	Category A	Category B	Category C	Category D	Category E
1	\$0 - \$1,255	\$1,256 - \$1,568.75	\$1,568.76 - \$1,882.50	\$1,882.51 - \$2,196.25	\$2,196.26 - \$2,510.00
2	\$0 - \$1,703.33	\$1,703.34 - \$2,129.17	\$2,129.18 - \$2,555.00	\$2,555.01 - \$2,980.83	\$2,980.84 - \$3,406.67
3	\$0 - \$2,151.67	\$2,151.68 - \$2,689.58	\$2,689.59 - \$3,227.50	\$3,227.51 - \$3,765.42	\$3,765.43 - \$4,303.33
4	\$0 - \$2,600.00	\$2,600.01 - \$3,250.00	\$3,250.01 - \$3,900.01	\$3,900.02 - \$4,550.00	\$4,550.01 - \$5,200.00
5	\$0 - \$3,048.33	\$3,048.34 - \$3,810.42	\$3,810.43 - \$4,572.50	\$4,572.51 - \$5,334.58	\$5,334.59 - \$6,096.67
6	\$0 - \$3,496.67	\$3,496.68 - \$4,370.83	\$4,370.84 - \$5,245.00	\$5,245.01 - \$6,119.17	\$6,119.18 - \$6,993.33
7	\$0 - \$3,945.00	\$3,945.01 - \$4,931.25	\$4,931.26 - \$5,917.50	\$5,917.51 - \$6,903.75	\$6,903.76 - \$7,890.00
8	\$0 - \$4,393.33	\$4,393.34 - \$5,491.67	\$5,491.68 - \$6,590.00	\$6,591.01 - \$7,688.33	\$7,688.34 - \$8,786.67
For family units with more than 8 persons, add \$560.42 for each additional member					
DENTAL AND BEHAVIORAL HEALTH SLIDING FEES					
FLAT FEE	\$10* Nominal	\$30	\$35	\$40	\$45

\*For individuals at or below 100 % of the FPL, it is strongly encouraged that staff facilitate applications for BadgerCare or ask patient to pay a \$10 nominal fee. However, if neither can happen before the time of service, a patient will not be denied services.



**Programa de descuentos de la HRSA (Escala de Descuentos)**

Basado en las Guías Federales de Pobreza de 2024

**Poverty Guidelines | ASPE (hhs.gov)**

Nivel de Pobreza	INGRESOS POR AÑO				
	At or <100%	101-125%	126-150%	151-175%	176-200%
Tamaño Familiar	Categoría A	Categoría B	Categoría C	Categoría D	Categoría E
1	\$0 - \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120
2	\$0 - \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880
3	\$0 - \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640
4	\$0 - \$31,200	\$31,201 - \$39,000	\$39,901 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400
5	\$0 - \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160
6	\$0 - \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920
7	\$0 - \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680
8	\$0 - \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440
Para familias de más de 8 personas en el hogar añadir \$6,725.42 por cada persona adicional					
TARIFA PARA SERVICIOS DENTALES Y DE SALUD MENTAL					
FLAT FEE	\$10* Nominal	\$30	\$35	\$40	\$45

Nivel de Pobreza	INGRESOS POR MES				
	At or <100%	101-125%	126-150%	151-175%	176-200%
Tamaño Familiar	Categoría A	Categoría B	Categoría C	Categoría D	Categoría E
1	\$0 - \$1,255	\$1,256 - \$1,568.75	\$1,568.76 - \$1,882.50	\$1,882.51 - \$2,196.25	\$2,196.26 - \$2,510.00
2	\$0 - \$1,703.33	\$1,703.34 - \$2,129.17	\$2,129.18 - \$2,555.00	\$2,555.01 - \$2,980.83	\$2,980.84 - \$3,406.67
3	\$0 - \$2,151.67	\$2,151.68 - \$2,689.58	\$2,689.59 - \$3,227.50	\$3,227.51 - \$3,765.42	\$3,765.43 - \$4,303.33
4	\$0 - \$2,600.00	\$2,600.01 - \$3,250.00	\$3,250.01 - \$3,900.01	\$3,900.02 - \$4,550.00	\$4,550.01 - \$5,200.00
5	\$0 - \$3,048.33	\$3,048.34 - \$3,810.42	\$3,810.43 - \$4,572.50	\$4,572.51 - \$5,334.58	\$5,334.59 - \$6,096.67
6	\$0 - \$3,496.67	\$3,496.68 - \$4,370.83	\$4,370.84 - \$5,245.00	\$5,245.01 - \$6,119.17	\$6,119.18 - \$6,993.33
7	\$0 - \$3,945.00	\$3,945.01 - \$4,931.25	\$4,931.26 - \$5,917.50	\$5,917.51 - \$6,903.75	\$6,903.76 - \$7,890.00
8	\$0 - \$4,393.33	\$4,393.34 - \$5,491.67	\$5,491.68 - \$6,590.00	\$6,591.01 - \$7,688.33	\$7,688.34 - \$8,786.67
Para familias de más de 8 personas en el hogar añadir \$560.42 por cada persona adicional					
TARIFA PARA SERVICIOS DENTALES Y DE SALUD MENTAL					
FLAT FEE	\$10* Nominal	\$30	\$35	\$40	\$45

\*Para las personas en o por debajo del 100% del FPL, se recomienda que el personal le ayude a llenar aplicación de BadgerCare o pida al paciente que pague una tarifa nominal de \$10. Sin embargo, si ninguno de los dos puede suceder antes del momento del servicio, a un paciente no se le negarán los servicios.