

updated 4.18.19

**Aspire Indiana Health, Inc.
Sliding Fee Discount Schedule***

MEDICAL AND BEHAVIORAL HEALTH

ANNUAL INCOME

Number in Household	Income Measure	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>	<u>Plan 5</u>
		0-100%	101-150%	151-185%	186-200%	> 200%
% of Federal Poverty Income Guidelines						
1	Annual	\$0 - \$12,490	\$12,491 - \$18,735	\$18,736 - \$23,107	\$23,108 - \$24,980	over \$24,980
2	Annual	\$0 - \$16,910	\$16,910 - \$25,365	\$25,366 - \$31,284	\$31,285 - \$33,820	over \$33,820
3	Annual	\$0 - \$21,330	\$21,331 - \$31,995	\$31,996 - \$39,461	\$39,462 - \$42,660	over \$42,660
4	Annual	\$0 - \$25,750	\$25,751 - \$38,625	\$38,626 - \$47,638	\$47,639 - \$51,500	over \$51,500
5	Annual	\$0 - \$30,170	\$30,171 - \$45,255	\$45,256 - \$55,815	\$55,816 - \$60,340	over \$60,340
6	Annual	\$0 - \$34,590	\$34,591 - \$51,885	\$51,886 - \$63,992	\$63,993 - \$69,180	over \$69,180
7	Annual	\$0 - \$39,010	\$39,011 - \$58,515	\$58,516 - \$72,169	\$72,170 - \$78,020	over \$78,020
8	Annual	\$0 - \$43,430	\$43,431 - \$65,145	\$65,146 - \$80,346	\$80,347 - \$86,860	over \$86,860
each additional family member over 8		\$4,420	\$6,630	\$8,177	\$8,840	
% of Federal Poverty Income Guidelines		< = 100%	101-150%	151-185%	186-200%	> 200%
Point of Service Fee		\$25	\$35/service	\$45/service	\$55/service	full fee

**Individuals will not be denied services based on ability to pay*

*Based upon 2019 FPL