



CarePartners and Indigent Care Sliding Scale For 2017
 May 2017 thru April 2018
FOR OUTPATIENT URGENT CARE SERVICES

	← LEV 1	LEV 2 →		
RX FEE 30,60,90 Day Supply	\$4	\$8	\$10	\$0
PRIMARY CARE CO-PAY	\$5	\$10	\$25	\$50
URGENT CARE CO-PAY	\$25	\$50	\$75	\$100
EMERGENT CARE CO-PAY	\$50	\$100	\$125	\$150
Old Classes	A	BB to DD	EE to GG	HH to II
→ Care Partner Classes	M1, S1, P1, W1	M2, S2, P2, W2	M3, S3, P3, W3	M4, S4, P4, W4
Family Size ↓	Gross Monthly Income < 125%	Gross Monthly Income 125% FPL to 150% FPL	Gross Monthly Income 155% FPL to 180% FPL	Gross Monthly Income 185% FPL to 200% FPL
1	< \$1,226	\$1,227 - \$1,470	\$1,471 - \$1,762	\$1,763 - \$1,956
2	< \$1,659	\$1,660 - \$1,986	\$1,987 - \$2,380	\$2,381 - \$2,641
3	< \$2,093	\$2,094 - \$2,504	\$2,505 - \$2,999	\$3,000 - \$3,328
4	< \$2,526	\$2,527 - \$3,023	\$3,024 - \$3,620	\$3,621 - \$4,017
5	< \$2,959	\$2,960 - \$3,541	\$3,542 - \$4,239	\$4,240 - \$4,704
6	< \$3,393	\$3,394 - \$4,059	\$4,060 - \$4,859	\$4,860 - \$5,391
7	< \$3,826	\$3,827 - \$4,576	\$4,577 - \$5,478	\$5,479 - \$6,078
8	< \$4,259	\$4,260 - \$5,094	\$5,095 - \$6,097	\$6,098 - \$6,765
9	< \$4,692	\$4,693 - \$5,589	\$5,590 - \$6,686	\$6,687 - \$7,419
10	< \$5,083	\$5,084 - \$6,080	\$6,081 - \$7,276	\$7,273 - \$8,070

Note:
 Income amounts are shown as "Gross Monthly Income", and are derived from the current Federal Poverty Guidelines. CarePartner Co-pay amounts apply only for the patient types shown on this scale.

Patients whose incomes are below 125% of Federal Poverty Level and who are not enrolled in CarePartners will not be charged a co-pay.