

SLIDING FEE SCALE*
MONTHLY
EFFECTIVE APRIL 1, 2019

FAMILY SIZE	Medical Dental	≤ 100% FPL		101 - 133% FPL		134 - 150% FPL		151 - 185% FPL		186 - 200% FPL		FULL FEE
		\$15.00 Nominal Fee	\$40.00 Nominal Fee	\$20.00 Fee	\$45.00 Fee	\$30.00 Fee	\$50.00 Fee	\$35.00 Fee	\$55.00 Fee	\$45.00 Fee	80% of Total Charge	
1		0	1,041	1,042	1,385	1,386	1,562	1,563	1,926	1,927	2,082	2,083 +
2		0	1,410	1,411	1,875	1,876	2,114	2,115	2,607	2,608	2,819	2,820 +
3		0	1,778	1,779	2,365	2,366	2,667	2,668	3,289	3,290	3,555	3,556 +
4		0	2,146	2,147	2,854	2,855	3,219	3,220	3,970	3,971	4,292	4,293 +
5		0	2,515	2,516	3,344	3,345	3,772	3,773	4,652	4,653	5,029	5,030 +
6		0	2,883	2,884	3,834	3,835	4,324	4,325	5,333	5,334	5,765	5,766 +
7		0	3,251	3,252	4,324	4,325	4,877	4,878	6,015	6,016	6,502	6,503 +
8		0	3,620	3,621	4,814	4,815	5,429	5,430	6,696	6,697	7,239	7,240 +
9		0	3,988	3,989	5,304	5,305	5,982	5,983	7,377	7,378	7,975	7,976 +
10		0	4,356	4,357	5,794	5,795	6,534	6,535	8,059	8,060	8,712	8,713 +
11		0	4,725	4,726	6,284	6,285	7,087	7,088	8,740	8,741	9,449	9,450 +
12		0	5,093	5,094	6,774	6,775	7,639	7,640	9,422	9,423	10,185	10,186 +
13		0	5,461	5,462	7,263	7,264	8,192	8,193	10,103	10,104	10,922	10,923 +
14		0	5,830	5,831	7,753	7,754	8,744	8,745	10,784	10,785	11,659	11,660 +
15		0	6,198	6,199	8,243	8,244	9,297	9,298	11,466	11,467	12,395	12,396 +
EA. ADD MEMBER		0	369	368	490	491	553	554	682	683	737	738 +

APPROVED BY

 Patrice Meadows / Norma Martinez

APPROVED BY

 RAFAEL E. OLVERA, C.F.O.

APPROVED BY

 WILLIAM WORRELL, C.E.O.

*THE ABOVE SLIDING FEE SCALE IS BASED ON 2019 FEDERAL POVERTY INCOME LIMITS GUIDELINES, AS PROVIDED BY DHHS. UMC HAS ADOPTED THESE GUIDELINES AND HAS PLACED THEM IN EFFECT SINCE THE DATE INDICATED ABOVE.
 UMC WILL CONTINUE TO IMPLEMENT THESE GUIDELINES UNTIL DHHS OFFICIALLY UPDATES NEW GUIDELINES, AND THE UMC BOARD OF DIRECTORS APPROVES THEM FOR IMPLEMENTATION.

NOTE: THIS SLIDING FEE SCALE WAS APPROVED BY UMC BOARD OF DIRECTORS ON MARCH 20, 2019