

G. A. Carmichael Family Health Center, Inc.
03/01/2024 to 02-29-2025 Annual Income Thresholds

Tier	Ryan White Slide A		Slide A		Slide B		Slide C		Slide D		Slide E		Slide F (Ryan White Only)		Slide G	Slide H (Ryan White Only)
	At or below 100%		At or below 100%		101%-125%		126%-150%		151%-175%		176%-200%		201%-250%		Over 200%	Over 250%
Pharmacy	\$0 (Nominal Fee)		\$5 (Nominal Fee)		\$7		\$9		\$11		\$15		\$15		No Discount	No discount
Family Size	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Above
1	\$0	\$15,060	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	\$37,650	\$30,121	\$37,650
2	\$0	\$20,440	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	\$51,100	\$40,881	\$51,100
3	\$0	\$25,820	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	\$64,550	\$51,641	\$64,550
4	\$0	\$31,200	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	\$78,000	\$62,401	\$78,000
5	\$0	\$36,580	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	\$91,450	\$73,161	\$91,450
6	\$0	\$41,960	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	\$104,900	\$83,921	\$104,900
7	\$0	\$47,340	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	\$118,350	\$94,681	\$118,350
8	\$0	\$52,720	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	\$131,800	\$105,441	\$131,800
For each additional person, add	\$5,380		\$5,380													

*This is the sliding fee schedule according to the 2024 HHS Poverty Guidelines.
<https://aspe.hhs.gov/poverty-guidelines>

Dispensing FEE + Cost of Medication = Total Charge for Prescription

To qualify for a discount on the dispense fee, patients must have an active Sliding Fee Discount Application on file with proof of income documented in the clinic. Please check with the clinic to be sure your Sliding Fee Application is current.

** The nominal fee will be assessed periodically by the Board to ensure the fee is not a barrier to care.**

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Tier	Ryan White Slide A		Slide A		Slide B		Slide C		Slide D		Slide E		Slide F (Ryan White Only)		Slide G	Slide H (Ryan White Only)
% of Poverty Level	At or below 100%		At or below 100%		101%-125%		126%-150%		151%-175%		176%-200%		201%-250%		Over 200%	Over 250%
Title X	No FEE		No FEE		Greater of \$41 or 20%		Greater of \$ 42 or 40%		Greater of \$43 or 60%		Greater of \$44 or 80%		Greater of \$44 or 80%		No Discount	No Discount
Ultrasounds	No Fee		\$100 Nominal Fee		Greater of \$101 or 20%		Greater of \$102 or 40%		Greater of \$103 or 60%		Greater of \$104 or 80%		Greater of \$104 or 80%		No Discount	No Discount
Medical	No Fee		\$40 Nominal Fee		Greater of \$41 or 20%		Greater of \$ 42 or 40%		Greater of \$43 or 60%		Greater of \$44 or 80%		Greater of \$44 or 80%		No Discount	No Discount
Family Size	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	Above
1	\$0	\$15,060	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	\$37,650	\$30,121	\$37,650
2	\$0	\$20,440	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	\$51,100	\$40,881	\$51,100
3	\$0	\$25,820	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	\$64,550	\$51,641	\$64,550
4	\$0	\$31,200	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	\$78,000	\$62,401	\$78,000
5	\$0	\$36,580	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	\$91,450	\$73,161	\$91,450
6	\$0	\$41,960	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	\$104,900	\$83,921	\$104,900
7	\$0	\$47,340	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	\$118,350	\$94,681	\$118,350
8	\$0	\$52,720	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	\$131,800	\$105,441	\$131,800
For each additional person, add	\$5,380		\$5,380													

*This is the sliding fee schedule according to the 2024 HHS Poverty Guidelines.

<https://aspe.hhs.gov/poverty-guidelines>

G. A. Carmichael Family Health Center, Inc.
Ryan White Cap On Out of Pocket Charges Income Guidelines
03/01/2024 - 02/29/2025

Tier	Cap A		Cap B		Cap C		Cap D	
% of Poverty Level	At or below 100%		101%-200%		201%-300%		Over 300% of poverty	
Cap Level	0		5% of gross income		7% of gross income		10% of gross income	
Family Size	Above	Below	Above	Below	Above	Below	Above	
1	\$0	\$15,060	\$15,061	\$30,120	\$30,121	\$45,180	\$45,181	
2	\$0	\$20,440	\$20,441	\$40,880	\$40,881	\$61,320	\$61,321	
3	\$0	\$25,820	\$25,821	\$51,640	\$51,641	\$77,460	\$77,461	
4	\$0	\$31,200	\$31,201	\$62,400	\$62,401	\$93,600	\$93,601	
5	\$0	\$36,580	\$36,581	\$73,160	\$73,161	\$109,740	\$109,741	
6	\$0	\$41,960	\$41,961	\$83,920	\$83,921	\$125,880	\$125,881	
7	\$0	\$47,340	\$47,341	\$94,680	\$94,681	\$142,020	\$142,021	
8	\$0	\$52,720	\$52,721	\$105,440	\$105,441	\$158,160	\$158,161	
For each additional person, add	\$5,380							

Example	1	Example	2	Example	3	Example	4
Cap A		Cap B		Cap C		Cap D	
Family Size	1	Family Size	1	Family Size	1	Family Size	1
% of the Gross Income	0%	5 % of the Gross Income	5%	7 % of the Gross Income	7%	10% of the Gross Income	10%
Income	15,060.00	Income	30,120.00	Income	45,180.00	Income	45,181.00
Cap on Out of Pocket Expenses	-	Cap on Out of Pocket Expenses	1,506.00	Cap on Out of Pocket Expenses	3,162.60	Cap on Out of Pocket Expenses	4,518.10