

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)
% 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>