

**Aspire Indiana Health**  
 Sliding Fee Discount Schedule\* 2020  
 MEDICAL AND BEHAVIORAL HEALTH  
 Updated 2.03.20

<b>ANNUAL INCOME</b>						
<b>Household</b>	<b>Measure</b>	<b><u>Plan 1</u></b>	<b><u>Plan 2</u></b>	<b><u>Plan 3</u></b>	<b><u>Plan 4</u></b>	<b><u>Plan 5</u></b>
<b>% of Federal Poverty Income Guidelines</b>		<b>0-100 %</b>	<b>101-150 %</b>	<b>151-185 %</b>	<b>186-200 %</b>	<b>&gt; 200 %</b>
1	Annual	\$0 - \$12,760	\$12,761 - \$19,140	\$19,141 - \$23,606	\$23,607 - \$25,520	over \$25,520
2	Annual	\$0 - \$17,240	\$17,241 - \$25,860	\$25,861 - \$31,894	\$31,895 - \$34,480	over \$34,480
3	Annual	\$0 - \$21,720	\$21,721 - \$32,580	\$32,581 - \$40,182	\$40,183 - \$43,440	over \$43,440
4	Annual	\$0 - \$26,200	\$26,201 - \$39,300	\$39,301 - \$48,470	\$48,471 - \$52,400	over \$52,400
5	Annual	\$0 - \$30,680	\$30,681 - \$46,020	\$46,021 - \$56,758	\$56,759 - \$61,360	over \$61,360
6	Annual	\$0 - \$35,160	\$35,161 - \$52,740	\$52,741 - \$65,046	\$65,047 - \$70,320	over \$70,320
7	Annual	\$0 - \$39,640	\$39,641 - \$59,460	\$59,461 - \$73,334	\$73,335 - \$79,280	over \$79,280
8	Annual	\$0 - \$44,120	\$44,121 - \$66,180	\$66,181 - \$81,622	\$81,623 - \$88,240	over \$88,240
each additional family member over 8		\$4,480	\$6,720	\$8,288	\$8,960	over \$8,960
<b>% of Federal Poverty Income Guidelines</b>		<b>&lt; = 100%</b>	<b>101-150%</b>	<b>151-185%</b>	<b>186-200%</b>	<b>&gt; 200%</b>
<b>Point of Service Fee</b>		<b>\$10/service</b>	<b>\$35/service</b>	<b>\$45/service</b>	<b>\$55/service</b>	<b>full fee</b>
<b>Group Services</b>		<b>\$10/service</b>	<b>\$15/service</b>	<b>\$20/service</b>	<b>\$25/service</b>	<b>full fee</b>

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

\*Based upon 2020 FPL