

Recovery Center Sliding Fee Scale Dosing

Effective March 1, 2021

Poverty Level*	At or Below 100%	101-125%	126-150%	151-200%	Above 200%
Charge Per Dose	\$7.00	\$8.00	\$10.00	\$12.00	\$16.00
Family Size	Income				
1	\$12,880	\$12,881 - \$ 16,100	\$ 16,101 - \$ 19,320	\$ 19,321 - \$ 25,760	\$ 25,761
2	\$17,420	\$17,421 - \$ 21,775	\$ 21,776 - \$ 26,130	\$ 26,131 - \$ 34,840	\$ 34,841
3	\$21,960	\$21,961 - \$ 27,450	\$ 27,451 - \$ 32,940	\$ 32,941 - \$ 43,920	\$ 43,921
4	\$26,500	\$26,501 - \$ 33,125	\$ 33,126 - \$ 39,750	\$ 39,751 - \$ 53,000	\$ 53,001
5	\$31,040	\$31,041 - \$ 38,800	\$ 38,801 - \$ 46,560	\$ 46,561 - \$ 62,080	\$ 62,081
6	\$35,580	\$35,581 - \$ 44,475	\$ 44,476 - \$ 53,370	\$ 53,371 - \$ 71,160	\$ 71,161
7	\$40,120	\$40,121 - \$ 50,150	\$ 50,151 - \$ 60,180	\$ 60,181 - \$ 80,240	\$ 80,241
8	\$44,660	\$44,661 - \$ 55,825	\$ 55,826 - \$ 66,990	\$ 66,991 - \$ 89,320	\$ 89,321
For each additional person, add	\$4,540	\$5,675	\$6,810	\$9,080	\$9,125

Eligibility: Only uninsured who are not eligible for insurance coverage, including Medicaid, are eligible

* - Based on 2020 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)