

Recovery Center Sliding Fee Scale Dosing

Effective March 1, 2025

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	\$15,650	\$15,651 - \$ 19,563	\$ 19,564 - \$ 23,475	\$ 23,476 - \$ 31,300	\$ 31,301
2	\$21,150	\$21,151 - \$ 26,438	\$ 26,439 - \$ 31,725	\$ 31,726 - \$ 42,300	\$ 42,301
3	\$26,650	\$26,651 - \$ 33,313	\$ 33,314 - \$ 39,975	\$ 39,976 - \$ 53,300	\$ 53,301
4	\$32,150	\$32,151 - \$ 40,188	\$ 40,189 - \$ 48,225	\$ 48,226 - \$ 64,300	\$ 64,301
5	\$37,650	\$37,651 - \$ 47,063	\$ 47,064 - \$ 56,475	\$ 56,476 - \$ 75,300	\$ 75,301
6	\$43,150	\$43,151 - \$ 53,938	\$ 53,939 - \$ 64,725	\$ 64,726 - \$ 86,300	\$ 86,301
7	\$48,650	\$48,651 - \$ 60,813	\$ 60,814 - \$ 72,975	\$ 72,976 - \$ 97,300	\$ 97,301
8	\$54,150	\$54,151 - \$ 67,688	\$ 67,689 - \$ 81,225	\$ 81,226 - \$ 108,300	\$ 108,301
For each additional person, add	\$5,500	\$6,875	\$8,250	\$11,000	\$11,001

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

* - Based on 2025 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)