

# Recovery Center Sliding Fee Scale Dosing

**Effective March 1, 2026**

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	\$15,960	\$15,961 - \$ 19,950	\$ 19,951 - \$ 23,940	\$ 23,941 - \$ 31,920	\$ 31,921
2	\$21,640	\$21,641 - \$ 27,050	\$ 27,051 - \$ 32,460	\$ 32,461 - \$ 43,280	\$ 43,281
3	\$27,320	\$27,321 - \$ 34,150	\$ 34,151 - \$ 40,980	\$ 40,981 - \$ 54,640	\$ 54,641
4	\$33,000	\$33,001 - \$ 41,250	\$ 41,251 - \$ 49,500	\$ 49,501 - \$ 66,000	\$ 66,001
5	\$38,680	\$38,681 - \$ 48,350	\$ 48,351 - \$ 58,020	\$ 58,021 - \$ 77,360	\$ 77,361
6	\$44,360	\$44,361 - \$ 55,450	\$ 55,451 - \$ 66,540	\$ 66,541 - \$ 88,720	\$ 88,721
7	\$50,040	\$50,041 - \$ 62,550	\$ 62,551 - \$ 75,060	\$ 75,061 - \$ 100,080	\$ 100,081
8	\$55,720	\$55,721 - \$ 69,650	\$ 69,651 - \$ 83,580	\$ 83,581 - \$ 111,440	\$ 111,441
For each additional person, add	\$5,680	\$7,100	\$8,520	\$11,360	\$11,361

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

\* - Based on 2026 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)