

SPECTRUM HEALTH SERVICES
Sliding Fee Schedule
Based on 2020 Poverty Guidelines

Federal Income Guidelines	A		B		C		D		E
	At or Below FPL 100%		FPL 101% - 125%		FPL 126% - 150%		FPL 151% - 200%		At FPL 201% >
Family Size									
1	\$0	\$12,760	\$12,761	\$15,950	\$15,951	\$19,140	\$19,141	\$25,520	\$25,521
2	\$0	\$17,240	\$17,241	\$21,550	\$21,551	\$25,860	\$25,861	\$34,480	\$34,481
3	\$0	\$21,720	\$21,721	\$27,150	\$27,151	\$32,580	\$32,581	\$43,440	\$43,441
4	\$0	\$26,200	\$26,201	\$32,750	\$32,751	\$39,300	\$39,301	\$52,400	\$52,401
5	\$0	\$30,680	\$30,681	\$38,350	\$38,351	\$46,020	\$46,021	\$61,360	\$61,361
6	\$0	\$35,160	\$35,161	\$43,950	\$43,951	\$52,740	\$52,741	\$70,320	\$70,321
7	\$0	\$39,640	\$39,641	\$49,550	\$49,551	\$59,460	\$59,461	\$79,280	\$79,281
8	\$0	\$44,120	\$44,121	\$55,150	\$55,151	\$66,180	\$66,181	\$88,240	\$88,241
For Family Units with more than 8 persons, add \$4,480 for each additional member annually.									
Monthly Income									
Family Size									
1	\$0.00	\$1,063	\$1,064	\$1,329	\$1,330	\$1,595	\$1,596	\$2,127	\$2,128
2	\$0.00	\$1,437	\$1,438	\$1,796	\$1,797	\$2,155	\$2,156	\$2,873	\$2,874
3	\$0.00	\$1,810	\$1,811	\$2,263	\$2,264	\$2,715	\$2,716	\$3,620	\$3,621
4	\$0.00	\$2,183	\$2,184	\$2,729	\$2,730	\$3,275	\$3,276	\$4,367	\$4,368
5	\$0.00	\$2,557	\$2,558	\$3,196	\$3,197	\$3,835	\$3,836	\$5,113	\$5,114
6	\$0.00	\$2,930	\$2,931	\$3,663	\$3,664	\$4,395	\$4,396	\$5,860	\$5,861
7	\$0.00	\$3,303	\$3,304	\$4,129	\$4,130	\$4,955	\$4,956	\$6,607	\$6,608
8	\$0.00	\$3,677	\$3,678	\$4,596	\$4,597	\$5,515	\$5,516	\$7,353	\$7,354
Bi-Monthly Income									
Family Size									
1	\$0.00	\$532	\$533	\$665	\$666	\$798	\$799	\$1,063	\$1,064
2	\$0.00	\$718	\$719	\$898	\$899	\$1,078	\$1,079	\$1,437	\$1,438
3	\$0.00	\$905	\$906	\$1,131	\$1,132	\$1,358	\$1,359	\$1,810	\$1,811
4	\$0.00	\$1,092	\$1,093	\$1,365	\$1,366	\$1,638	\$1,639	\$2,183	\$2,184
5	\$0.00	\$1,278	\$1,279	\$1,598	\$1,599	\$1,918	\$1,919	\$2,557	\$2,558
6	\$0.00	\$1,465	\$1,466	\$1,831	\$1,832	\$2,198	\$2,199	\$2,930	\$2,931
7	\$0.00	\$1,652	\$1,653	\$2,065	\$2,066	\$2,478	\$2,479	\$3,303	\$3,304
8	\$0.00	\$1,838	\$1,839	\$2,298	\$2,299	\$2,758	\$2,759	\$3,677	\$3,678
Bi-Weekly Income									
Family Size									
1	\$0.00	\$491	\$492	\$613	\$614	\$736	\$737	\$982	\$983
2	\$0.00	\$663	\$664	\$829	\$830	\$995	\$996	\$1,326	\$1,327
3	\$0.00	\$835	\$836	\$1,044	\$1,045	\$1,253	\$1,254	\$1,671	\$1,672
4	\$0.00	\$1,008	\$1,009	\$1,260	\$1,261	\$1,512	\$1,513	\$2,015	\$2,016
5	\$0.00	\$1,180	\$1,181	\$1,475	\$1,476	\$1,770	\$1,771	\$2,360	\$2,361
6	\$0.00	\$1,352	\$1,353	\$1,690	\$1,691	\$2,028	\$2,029	\$2,705	\$2,706
7	\$0.00	\$1,525	\$1,526	\$1,906	\$1,907	\$2,287	\$2,288	\$3,049	\$3,050
8	\$0.00	\$1,697	\$1,698	\$2,121	\$2,122	\$2,545	\$2,546	\$3,394	\$3,395
Weekly Income									
Family Size									
1	\$0.00	\$245	\$246	\$307	\$308	\$368	\$369	\$491	\$492
2	\$0.00	\$332	\$333	\$414	\$415	\$497	\$498	\$663	\$664
3	\$0.00	\$418	\$419	\$522	\$523	\$627	\$628	\$835	\$836
4	\$0.00	\$504	\$505	\$630	\$631	\$756	\$757	\$1,008	\$1,009
5	\$0.00	\$590	\$591	\$738	\$739	\$885	\$886	\$1,180	\$1,181
6	\$0.00	\$676	\$677	\$845	\$846	\$1,014	\$1,015	\$1,352	\$1,353
7	\$0.00	\$762	\$763	\$953	\$954	\$1,143	\$1,144	\$1,525	\$1,526
8	\$0.00	\$848	\$849	\$1,061	\$1,062	\$1,273	\$1,274	\$1,697	\$1,698
Primary Care Visit	\$25		\$30		\$35		\$40		FULL FEE
Telehealth Visit	\$10		\$10		\$10		\$10		\$10
Behavioral Health and Nutritionist Only Visit	\$10		\$10		\$10		\$10		\$20

Effective 4/8/20