

Recovery Center Sliding Fee Scale Dosing

Effective March 1, 2024

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	\$15,060	\$15,061 - \$ 18,825	\$ 18,826 - \$ 22,590	\$ 22,591 - \$ 30,120	\$ 30,121
2	\$20,440	\$20,441 - \$ 25,550	\$ 25,551 - \$ 30,660	\$ 30,661 - \$ 40,880	\$ 40,881
3	\$25,820	\$25,821 - \$ 32,275	\$ 32,276 - \$ 38,730	\$ 38,731 - \$ 51,640	\$ 51,641
4	\$31,200	\$31,201 - \$ 39,000	\$ 39,001 - \$ 46,800	\$ 46,801 - \$ 62,400	\$ 62,401
5	\$36,580	\$36,581 - \$ 45,725	\$ 45,726 - \$ 54,870	\$ 54,871 - \$ 73,160	\$ 73,161
6	\$41,960	\$41,961 - \$ 52,450	\$ 52,451 - \$ 62,940	\$ 62,941 - \$ 83,920	\$ 83,921
7	\$47,340	\$47,341 - \$ 59,175	\$ 59,176 - \$ 71,010	\$ 71,011 - \$ 94,680	\$ 94,681
8	\$52,720	\$52,721 - \$ 65,900	\$ 65,901 - \$ 79,080	\$ 79,081 - \$ 105,440	\$ 105,441
For each additional person, add	\$5,380	\$6,725	\$8,070	\$10,760	\$10,760

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

* - Based on 2024 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)