



2020 Federal Poverty Guidelines & Dr. K's Family Medicine Sliding Scale Fee Discount

Persons in Household	Group A Annual Income at or below FPL	Group B Family Annual Income: 101% up to 150%FPL	Group C Family Income: 151% up to 175% FPL	Group D Family Annual Income: 176% up to 200% FPL	Over 200% FPL
1	\$0-12,760	\$19,140	\$22,330	\$25,520	
2	\$0-17,240	\$25,860	\$30,170	\$34,480	
3	\$0-2,1720	\$32,580	\$38,010	\$43,440	
4	\$0-2,6200	\$39,300	\$45,850	\$52,400	
5	\$0-30,680	\$46,020	\$53,690	\$61,360	
6	\$0-35,160	\$52,740	\$61,530	\$70,320	
7	\$0-39,640	\$59,460	\$69,370	\$79,280	
8	\$44,120	\$66,180	\$77,210	\$88,240	
Greater than 8 add per person	\$4,480	\$5,600	\$6,720	\$7,840	
Patient Responsibility	Nominal charge \$20	\$30	\$40	\$50	No discount