Appendix I, Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)

Effective Date 4-14-2022

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| Office of Primary and Specialty Health  Optional Co-Pay Table Based on Monthly Federal Poverty Level (FPL)  Fiscal Year 2022 Worksheet | | | | | |
| **Family Size** | **Less Than or Equal to 100% FPL**  **$0 Co-pay** | **101 to 133% FPL**  **$10 Co-pay** | **134 to 150% FPL**  **$20 Co-pay** | **151 to 185% FPL**  **$25 Co-pay** | **186 to 200% FPL**  **$30 Co-pay** |
| 1 | $0 to $1,133 | $1,133.01 to $1,507 | $1,507.01 to $1,699 | $1,699.01 to $2,096 | $2,096.01 to $2,265 |
| 2 | $0 to $1,526 | $1,526.01 to $2,030 | $2,030.01 to $2,289 | $2,289.01 to $2,823 | $2,823.01 to $3,052 |
| 3 | $0 to $1,920 | $1,920.01 to $2,553 | $2,553.01 to $2,879 | $2,879.01 to $3,551 | $3,551.01 to $3,839 |
| 4 | $0 to $2,313 | $2,313.01 to $3,076 | $3,076.01 to $3,469 | $3,469.01 to $4,279 | $4,279.01 to $4,625 |
| 5 | $0 to $2,706 | $2,706.01 to $3,599 | $3,599.01 to $4,059 | $4,059.01 to $5,006 | $5,006.01 to $5,412 |
| 6 | $0 to $3,100 | $3,100.01 to $4,122 | $4,122.01 to $4,649 | $4,649.01 to $5,734 | $5,734.01 to $6,199 |
| 7 | $0 to $3,493 | $3,493.01 to $4,646 | $4,646.01 to $5,239 | $5,239.01 to $6,462 | $6,462.01 to $6,985 |
| 8 | $0 to $3,886 | $3,886.01 to $5,169 | $5,169.01 to $5,829 | $5,829.01 to $7,189 | $7,189.01 to $7,772 |
| 9 | $0 to $4,280 | $4,280.01 to $5,692 | $5,692.01 to $6,419 | $6,419.01 to $7,917 | $7,917.01 to $8,559 |
| 10 | $0 to $4,673 | $4,673.01 to $6,215 | $6,215.01 to $7,009 | $7,009.01 to $8,645 | $8,645.01 to $9,345 |
| **Note:** No co-pay can be charged for a household below 100% FPL. | | | | | |
| The contractor must waive the fee if a client self-declares an inability to pay. No client shall be denied services based on an inability to pay. If a co-pay is charged, it may not exceed $30 or the cost of the visit/encounter, whichever is less. The FPL is calculated and published annually each calendar year at [https://aspe.hhs.gov/poverty-guidelines.](https://aspe.hhs.gov/poverty-guidelines) | | | | | |