

Preventive Services and Program Support

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

Effective June 2022

Family Size	Less Than or Equal to 100% of FPL \$0 Co-pay	101% to 133% FPL \$5 Co-pay	134% to 150% FPL \$10 Co-pay	151% to 185% FPL \$15 Co-pay	186% to 200% FPL \$20 Co-pay	201% to 233% \$25 Co-pay	234% to 250% \$30 Co-pay
1	\$0 to \$1,133	\$1,133.01 to \$1,506	\$1,506.01 to \$1,699	\$1,699.01 to \$2,095	\$2,095.01 to \$2,265	\$2,265.01 to \$2,638	\$2,638.01 to \$2,831
2	\$0 to \$1,526	\$1,526.01 to \$2,029	\$2,029.01 to \$2,289	\$2,289.01 to \$2,823	\$2,823.01 to \$3,052	\$3,052.01 to \$3,555	\$3,555.01 to \$3,815
3	\$0 to \$1,919	\$1,919.01 to \$2,552	\$2,552.01 to \$2,879	\$2,879.01 to \$3,550	\$3,550.01 to \$3,838	\$3,838.01 to \$4,472	\$4,472.01 to \$4,798
4	\$0 to \$2,313	\$2,313.01 to \$3,076	\$3,076.01 to \$3,469	\$3,469.01 to \$4,278	\$4,278.01 to \$4,625	\$4,625.01 to \$5,388	\$5,388.01 to \$5,781
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	\$5,412.01 to \$6,305	\$6,305.01 to \$6,765
6	\$0 to \$3,099	\$3,099.01 to \$4,122	\$4,122.01 to \$4,649	\$4,649.01 to \$5,733	\$5,733.01 to \$6,198	\$6,198.01 to \$7,221	\$7,221.01 to \$7,748
7	\$0 to \$3,493	\$3,493.01 to \$4,645	\$4,645.01 to \$5,239	\$5,239.01 to \$6,461	\$6,461.01 to \$6,985	\$6,985.01 to \$8,138	\$8,138.01 to \$8,731
8	\$0 to \$3,886	\$3,886.01 to \$5,168	\$5,168.01 to \$5,829	\$5,829.01 to \$7,189	\$7,189.01 to \$7,772	\$7,772.01 to \$9,054	\$9,054.01 to \$9,715
9	\$0 to \$4,279	\$4,279.01 to \$5,691	\$5,691.01 to \$6,419	\$6,419.01 to \$7,916	\$7,916.01 to \$8,558	\$8,558.01 to \$9,971	\$9,971.01 to \$10,698
10	\$0 to \$4,673	\$4,673.01 to \$6,214	\$6,214.01 to \$7,009	\$7,009.01 to \$8,644	\$8,644.01 to \$9,345	\$9,345.01 to \$10,887	\$10,887.01 to \$11,681

Note: No co-pay may be charged for a household whose income is below 100 percent of the FPL.

If a client self-declares an inability to pay, the contractor must not charge a co-pay; no client may 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 or encounter, whichever is less. The FPL is calculated and published each calendar year at [Poverty Guidelines](https://aspe.hhs.gov/poverty-guidelines) (<https://aspe.hhs.gov/poverty-guidelines>).