



Primary Health Care Program

Optional Co-Pay Table Based on 2023 Monthly Federal Poverty Level (FPL)

Family Size	Less Than or Equal to 100% of FPL \$0 Co-pay	101% to 133% of FPL \$10 Co-pay	134% to 150% of FPL \$20 Co-pay	151% to 185% of FPL \$25 Co-pay	186% to 200% of FPL \$30 Co-pay
1	\$0 to \$1,215	\$1,215.01 to \$1,616	\$1,616.01 to \$1,823	\$1,823.01 to \$2,248	\$2,248.01 to \$2,430
2	\$0 to \$1,643	\$1,643.01 to \$2,186	\$2,186.01 to \$2,465	\$2,465.01 to \$3,040	\$3,040.01 to \$3,287
3	\$0 to \$2,072	\$2,072.01 to \$2,755	\$2,755.01 to \$3,108	\$3,108.01 to \$3,833	\$3,833.01 to \$4,143
4	\$0 to \$2,500	\$2,500.01 to \$3,325	\$3,325.01 to \$3,750	\$3,750.01 to \$4,625	\$4,625.01 to \$5,000
5	\$0 to \$2,928	\$2,928.01 to \$3,895	\$3,895.01 to \$4,393	\$4,393.01 to \$5,417	\$5,417.01 to \$5,857
6	\$0 to \$3,357	\$3,357.01 to \$4,464	\$4,464.01 to \$5,035	\$5,035.01 to \$6,210	\$6,210.01 to \$6,713
7	\$0 to \$3,785	\$3,785.01 to \$5,034	\$5,034.01 to \$5,678	\$5,678.01 to \$7,002	\$7,002.01 to \$7,570
8	\$0 to \$4,213	\$4,213.01 to \$5,604	\$5,604.01 to \$6,320	\$6,320.01 to \$7,795	\$7,795.01 to \$8,427
9	\$0 to \$4,642	\$4,642.01 to \$6,173	\$6,173.01 to \$6,963	\$6,963.01 to \$8,587	\$8,587.01 to \$9,283
10	\$0 to \$5,070	\$5,070.01 to \$6,743	\$6,743.01 to \$7,605	\$7,605.01 to \$9,380	\$9,380.01 to \$10,140

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

<https://aspe.hhs.gov/poverty-guidelines>.