#### Schedule: Health Center Program

## **Ryan White Services** (must be calculated manually)

Household	100%	133%	138%	150%	200%	250%	300%	400%
SIZE								
1	\$12,760	\$16,971	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480
Fee Above 400% Full Fee	\$0	\$2	\$3	\$4	\$5	\$6	\$7	\$9
Total Annual Charge	None	Not to Exceed 5% of income	Not to Exceed 7% of income	Not to Exceed 7% of income	Not to Exceed 10% of income			

PHS Act: Part A 2 605(e)(1); Part B 2617(c)(1); Part C 2664(e)(2)

<sup>\*\*</sup>Add \$4,480 for each person over family size of 8

Schedule: Health Center Program

### **Pharmacy**

### **IUD Procedure**

P-0*	P-1**	P-2**	P-3**	P-4**
100% or LESS	101% to 150%	151% to 175%	176% to 200%	Over 200%
\$5 plus	\$10 plus	\$15 plus	\$20 plus	Pay 100%
\$2 admin fee	\$2 admin fee	\$2 admin fee	\$2 admin fee	•
Total: \$7	Total: \$12	Total: \$17	Total:\$22	
\$50	\$60	\$70	\$80	Pay 100%
	100% or LESS \$5 plus \$2 admin fee Total: \$7 \$50	100% or LESS 101% to 150%   \$5 plus \$10 plus   \$2 admin fee \$2 admin fee   Total: \$7 Total: \$12   \$50 \$60	100% or LESS 101% to 150% 151% to 175%   \$5 plus \$10 plus \$15 plus   \$2 admin fee \$2 admin fee \$2 admin fee   Total: \$7 Total: \$12 Total: \$17   \$50 \$60 \$70	100% or LESS 101% to 150% 151% to 175% 176% to 200%   \$5 plus \$10 plus \$15 plus \$20 plus   \$2 admin fee \$2 admin fee \$2 admin fee   Total: \$7 Total: \$12 Total: \$17 Total: \$22

# Family Planning Services (must be calculated manually)

FAMILY***	P-0*	P-1**	P-2**	P-3**	P-4**	P-5**
	100% or LESS	101% to 150%	151% to 175%	176% to 200%	201% to 250%	251% Above
SIZE	Fee \$0 (family planning services ONLY)	Pays nominal fee (\$20)	Pays 25%	Pays 50%	Pay 75%	Pay Full Fee
1	0 – 12,760	12,761 – 19,140	19,141 – 22,330	22,331 – 25,520	25,521 – 31,899	\$31,900
2	0 – 17,240	17,241 – 25,860	25,861 - 30,170	30,171 – 34,480	34,481 – 43,099	\$43,100
3	0 - 21,720	21,721 – 32,580	32,581 – 38,010	38,011 - 43,440	43,441 – 54,299	\$54,300
4	0-26,200	26,201 – 39,300	39,301 – 45,850	45,851 – 52,400	52,401 - 65,499	\$65,500
5	0-30,680	30,681 – 46,020	46,021 - 53,690	53,691 - 61,360	61,361 - 76,699	\$76,700
6	0-35,160	35,161 – 52,740	52,741 – 61,530	61,531 – 70,320	70,321 – 87,899	\$87,900
7	0 - 39,640	39,641 – 59,460	59,461 – 69,370	69,371 – 79,280	79,281 – 99,099	\$99,100
8	0 – 44,120	44,121 – 66,180	66,181 – 77,210	77,211 – 88,240	88,241 – 110,299	\$110,300